

Please have physician submit this statement on letterhead stationary.

_____ is a veteran who has a spinal cord injury or disease such as MS with spinal cord involvement, ALS, transverse myelitis etc. His/her neurological dysfunction is _____ (eg. paraplegia, quadriplegia, Brown Sequard Syndrome , cauda equine syndrome etc.)

Physician's Signature

Physician's Name

Physician's Title

Date Signed