

Physician's Statement Form

_____ is a veteran who has a spinal cord injury or disease.

His/her diagnosis is:

Paraplegia

Quadriplegia

Brown Sequard Syndrome

Cauda Equina Syndrome

ALS

Multiple Sclerosis (involving the spinal cord)

Transverse Myelitis

Other (please specify) _____

Physician's Signature

Physician's Name

Physician's Title

Physician's Phone/Email

Date Signed