

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