



## 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
- Transverse Myelitis
- Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician's Title

\_\_\_\_\_  
Physician's Phone/Email

\_\_\_\_\_  
Date Signed