



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