



## Physician 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 be Specific) \_\_\_\_\_

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

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

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

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

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