

In my medical opinion, the currently existing medical condition is

_____ Related to

_____ Possibly related to

_____ At least as likely as not related to

an injury, disease, or event occurring during the veteran's military service

Present Diagnosis: _____

Injury, Disease or event occurring during service (as described by veteran or found in other records provided by veteran) _____

Physician /PA/FNP

Date

"I understand that the VA health care practitioner's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions."

Signature of Veteran

Date

SIGNATURE AND TITLE OF PRACTITIONER

DATE

IMPRINT PATIENT DATA CARD (Name, Address, and Social Security Number)

MEDICAL RECORD

**SUPPLEMENT TO PROGRESS NOTE FOR
SPECIALIZED DISCIPLINES-VERTICAL**

Medical Opinions by VA Providers for VARO Claims

MRC 136-01-908