

PLEASE PRINT ON PHYSICIAN OR MEDICAL FACILITY LETTERHEAD

_____ is a veteran who meets the criteria for care and treatment at the SCI/D Center in _____ for a spinal cord injury/disease. The above-mentioned veteran experiences either a spinal cord injury or spinal cord disease such as Multiple Sclerosis (MS) (*involving bowel & bladder dysfunction*) or Amyotrophic Lateral Sclerosis (ALS) damaging their spinal cord at the _____ level and renders the veteran a paraplegic/quadriplegic/tetraplegic.

Physician's Signature

Physician's Printed Name

Physician's Title

Date Signed