

## Exam Scheduling Request

**MELINDA SUE RICHARDS**

31 HOPKINS PLZ  
BALTIMORE, MD 21201  
USA

Phone: 1-555-555-1212

Email: N/A

File Number: 64145800

DOB: August 28, 1998

Gender: F

Exam Jurisdiction RO: 313

POA/VSO: 097 - VETERANS OF FOREIGN  
WARS OF THE US

Branch(es) of Service  
Army

Entry on Duty  
May 31, 2010

Release Active Duty  
Oct 31, 2017

Era(s) of Service  
Gulf War

<b>110</b> <b>Initial Live Comp &lt; 8 issues</b>	<b>Date of Claim: see 526ez</b>
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Post-Discharge Claim

Payee Number: 00

Remand: NO

<b>bilateral hearing loss</b> <b>Classification: Hearing Loss</b> <b>Type: NEW</b>
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### Standard Language Output Text:

The Veteran is claiming service connection for bilateral hearing loss. Please examine the Veteran for a chronic disability related to his or her claimed condition and indicate the current level of severity.

MEDICAL OPINION REQUESTED: Direct service connection (Audio Opinion based on MOS-Related Hazardous Noise Exposure)

The Veteran is claiming that his or her bilateral hearing loss is related to exposure to hazardous noise. Please provide a Direct medical opinion response and review the following tabbed evidence. If an examination or additional testing is required, obtain them prior to rendering your opinion.

### POTENTIALLY RELEVANT EVIDENCE:

NOTE: Please review the Veteran's electronic folder(s) and state that it was reviewed in your report. Your review is not limited to the evidence identified on this request form, or tabbed in the claims folder. This list is provided in an effort to assist the examiner in locating potentially relevant evidence.

DD 214 Certified Original - Certificate of Release or Discharge From Active Duty In eFolder at the following location: TAB A: Record showing MOS of Field Artillery, General (13A) which had a High probability for hazardous noise exposure.

Clinician: If using the ACE process to complete the Medical Examination, please explain the basis for the decision not to examine the Veteran, and identify the specific materials reviewed to complete the Medical Examination.

The Veteran does not need to report for all examinations for the following Contention:

- bilateral hearing loss

Please review the Veteran's electronic folder(s) and state that it was reviewed in your report.

Your review is not limited to the evidence identified on this request form, or tabbed in the claims folder. If an examination or additional testing is required, obtain them prior to rendering your opinion. NOTE: Your (examiner) review of the record is NOT restricted to the evidence listed below. This list is provided in an effort to assist the examiner in locating potentially relevant evidence.

POTENTIALLY RELEVANT EVIDENCE: Please enter all tab descriptions of evidence, locations, and dates.  
TAB B: STRs

For this Contention, VBMS expects a results package to at a minimum include data pertaining to the following DBQ(s) associated CUI Output:

- DBQ AUDIO Hearing Loss and Tinnitus

**tinnitus**

**Classification: Hearing Loss**

**Type: NEW**

**Standard Language Output Text:**

MEDICAL OPINION REQUESTED: Direct service connection (Audio Opinion based on MOS-Related Hazardous Noise Exposure)

The Veteran is claiming that his or her bilateral hearing loss is related to exposure to hazardous noise. Please provide a Direct medical opinion response and review the following tabbed evidence. If an examination or additional testing is required, obtain them prior to rendering your opinion.

POTENTIALLY RELEVANT EVIDENCE:

NOTE: Please review the Veteran's electronic folder(s) and state that it was reviewed in your report. Your review is not limited to the evidence identified on this request form, or tabbed in the claims folder. This list is provided in an effort to assist the examiner in locating potentially relevant evidence.

DD 214 Certified Original - Certificate of Release or Discharge From Active Duty In eFolder at the following location: TAB A: Record showing MOS of Field Artillery, General (13A) which had a High probability for hazardous noise exposure.

MEDICAL OPINION REQUESTED: Direct Service Connection

Does the Veteran have a diagnosis of (a) tinnitus that is at least as likely as not (50 percent or greater probability) incurred in or caused by (the) complaint of tinnitus during service?

Rationale must be provided in the appropriate section.

Please review the Veteran's electronic folder(s) and state that it was reviewed in your report.

Clinician: If using the ACE process to complete the Medical Examination, please explain the basis for the decision not to examine the Veteran, and identify the specific materials reviewed to complete the Medical Examination.

The Veteran does not need to report for all examinations for the following Contention:

- tinnitus

Please review the Veteran's electronic folder(s) and state that it was reviewed in your report.

Your review is not limited to the evidence identified on this request form, or tabbed in the claims folder. If an examination or additional testing is required, obtain them prior to rendering your opinion. NOTE: Your (examiner) review of the record is NOT restricted to the evidence listed below. This list is provided in an effort to assist the examiner in locating potentially relevant evidence.

POTENTIALLY RELEVANT EVIDENCE: Please enter all tab descriptions of evidence, locations, and dates.

## TAB B: STRs

For this Contention, VBMS expects a results package to at a minimum include data pertaining to the following DBQ(s) associated CUI Output:

- DBQ AUDIO Hearing Loss and Tinnitus

### **bilateral plantar fasciitis**

**Classification: Musculoskeletal - Foot**

**Type: NEW**

### **Standard Language Output Text:**

When completing any musculoskeletal DBQ, additional information is required to comply with a recent US Court of Appeals for Veterans Claims (CAVC) decision in the case of Mitchell v. Shinseki, relating to functional limitations. In the section of the DBQ titled "Functional loss and additional limitation in ROM," additional questions must be addressed. For each joint examined, please provide an opinion.

(1) Whether pain, weakness, fatigability, or incoordination could significantly limit functional ability during flare-ups, or when the joint is used repeatedly over a period of time, and

(2) Describe any such additional limitation due to pain, weakness, fatigability or incoordination, and if feasible, this opinion should be expressed in terms of the degrees of additional ROM loss due to "pain on use or during flare-ups".

(3) If such opinion is not feasible, please state and provide an explanation as to why the opinion cannot be rendered.

(4) For any joint condition, please test the contralateral joint, unless medically contraindicated. Address pain on both passive and active motion, and on both weightbearing and non-weightbearing motion. If unable to test, please provide rationale.

### **MEDICAL OPINION REQUESTED: Direct Service Connection**

Does the Veteran have a diagnosis of (a) bilateral plantar fasciitis that is at least as likely as not (50 percent or greater probability) incurred in or caused by (the) bilateral plantar fasciitis during service?

Rationale must be provided in the appropriate section.

Please review the Veteran's electronic folder(s) and state that it was reviewed in your report.

Clinician: If using the ACE process to complete the Medical Examination, please explain the basis for the decision not to examine the Veteran, and identify the specific materials reviewed to complete the Medical Examination.

The Veteran does not need to report for all examinations for the following Contention:

- bilateral plantar fasciitis

Please review the Veteran's electronic folder(s) and state that it was reviewed in your report.

Your review is not limited to the evidence identified on this request form, or tabbed in the claims folder. If an examination or additional testing is required, obtain them prior to rendering your opinion. NOTE: Your (examiner) review of the record is NOT restricted to the evidence listed below. This list is provided in an effort to assist the examiner in locating potentially relevant evidence.

POTENTIALLY RELEVANT EVIDENCE: Please enter all tab descriptions of evidence, locations, and dates.

TAB B: STRs

For this Contention, VBMS expects a results package to at a minimum include data pertaining to the following DBQ(s) associated CUI Output:

- DBQ MUSC Foot Conditions Including Flatfoot (Pes Planus)
- DBQ Medical Opinion (Examiner's Version)

**right knee pain**

**Classification: Musculoskeletal - Knee**

**Type: NEW**

### **Standard Language Output Text:**

When completing any musculoskeletal DBQ, additional information is required to comply with a recent US Court of Appeals for Veterans Claims (CAVC) decision in the case of Mitchell v. Shinseki, relating to functional limitations. In the section of the DBQ titled "Functional loss and additional limitation in ROM," additional questions must be addressed. For each joint examined, please provide an opinion.

(1) Whether pain, weakness, fatigability, or incoordination could significantly limit functional ability during flare-ups, or when the joint is used repeatedly over a period of time, and

(2) Describe any such additional limitation due to pain, weakness, fatigability or incoordination, and if feasible, this opinion should be expressed in terms of the degrees of additional ROM loss due to "pain on use or during flare-ups".

(3) If such opinion is not feasible, please state and provide an explanation as to why the opinion cannot be rendered.

(4) For any joint condition, please test the contralateral joint, unless medically contraindicated. Address pain on both passive and active motion, and on both weightbearing and non-weightbearing motion. If unable to test, please provide rationale.

### **MEDICAL OPINION REQUESTED: Direct Service Connection**

Does the Veteran have a diagnosis of (a) right knee pain that is at least as likely as not (50 percent or greater probability) incurred in or caused by (the) right knee injury during service?

Rationale must be provided in the appropriate section.

Please review the Veteran's electronic folder(s) and state that it was reviewed in your report.

Clinician: If using the ACE process to complete the Medical Examination, please explain the basis for the decision not to examine the Veteran, and identify the specific materials reviewed to complete the Medical Examination.

The Veteran does not need to report for all examinations for the following Contention:

- right knee pain

Please review the Veteran's electronic folder(s) and state that it was reviewed in your report.

Your review is not limited to the evidence identified on this request form, or tabbed in the claims folder. If an examination or additional testing is required, obtain them prior to rendering your opinion. NOTE: Your (examiner) review of the record is NOT restricted to the evidence listed below. This list is provided in an effort to assist the examiner in locating potentially relevant evidence.

POTENTIALLY RELEVANT EVIDENCE: Please enter all tab descriptions of evidence, locations, and dates.  
TAB B: STRs

For this Contention, VBMS expects a results package to at a minimum include data pertaining to the following DBQ(s) associated CUI Output:

- DBQ MUSC Knee and Lower Leg
- DBQ Medical Opinion (Examiner's Version)

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Created By: vstudent454  
Exam Request Destination: QTC