

Exam Scheduling Request

FRANKLIN D COLLINS

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USA

Phone: 1-555-555-1212

Email: N/A

File Number: 64176000

DOB: March 14, 1997

Gender: M

Exam Jurisdiction RO: 313

POA/VSO: 074 - AMERICAN LEGION

<u>Branch(es) of Service</u>	<u>Entry on Duty</u>	<u>Release Active Duty</u>	<u>Era(s) of Service</u>
Army	should match DD 214	Should match DD214	Gulf War

110	Date of Claim: See system
Initial Live Comp < 8 issues	

Post-Discharge Claim

Payee Number: 00

Remand: NO

bilateral hearing loss
Classification: Hearing Loss
Type: NEW

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 Cannon Crewmember (13B) 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:

The Veteran is claiming service connection for tinnitus. 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 Cannon Crewmember (13B) 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:

- 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

depression**Classification: Mental Disorders****Type: NEW****Standard Language Output Text:**

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

The Veteran needs to report for all examinations for the following Contention:

- depression

ACE process must not be used to complete the DBQ(s).

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

- DBQ PSYCH Mental Disorders

If more than one mental disorder is diagnosed please comment on their relationship to one another and, if possible, please state which symptoms are attributed to each disorder.

left knee condition**Classification: Musculoskeletal - Knee****Type: NEW****Standard Language Output Text:**

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

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.

The Veteran needs to report for all examinations for the following Contention:

- left knee condition

ACE process must not be used to complete the DBQ(s).

Special Instructions:
STRs (Tab B)

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

- DBQ General Medical Compensation

right shoulder condition

Classification: Musculoskeletal - Shoulder

Type: NEW

Standard Language Output Text:

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

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.

The Veteran needs to report for all examinations for the following Contention:

- right shoulder condition

ACE process must not be used to complete the DBQ(s).

Special Instructions:
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 General Medical Compensation