

## **Additional Information**

1A. Veteran/service member's name. first name:

**XXXXXXXXXXXXXX**

9A. Traumatic event(s) information Line 1:

**Event Number: 1**

**Event Description:**

**Lorem ipsum dolor sit amet.**

**Event Location:**

**abcdefghijklmn opqrstuvwxyz1234a bpqrstuvwxyz1234a**

**Event Date:**

**Summer of '70**

9A. Traumatic event(s) information Line 2:

**Event Number: 2**

**Event Description:**

**Lorem ipsum dolor sit amet.**

**Event Location:**

**abcdefghijklmn opqrstuvwxyz1234a bpqrstuvwxyz1234a**

**Event Date:**

**June 2007**

9A. Traumatic event(s) information Line 3:

**Event Number: 3**

**Event Description:**

**Lorem ipsum dolor sit amet..**

**Event Location:**

**abcdefghijklmn opqrstuvwxyz1234a bpqrstuvwxyz1234a**

**Event Date:**

**February 14, 2020**

9A. Traumatic event(s) information Line 4:

**Event Number: 4**

**Event Description:**

## **ATTACHMENT to VA Form 21-0781**

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**Lorem ipsum dolor sit amet..**

**Event Location:**

**abcdefghijklmn opqrstuvwxyz1234a bpqrstuvwxyz1234a**

**Event Date:**

**Autumn of 1995**

9A. Traumatic event(s) information Line 5:

**Event Number: 5**

**Event Description:**

**Lorem ipsum dolor sit amet.**

**Event Location:**

**abcdefghijklmn opqrstuvwxyz1234a bpqrstuvwxyz1234a**

**Event Date:**

**Winter of '68**

9A. Traumatic event(s) information Line 6:

**Event Number: 6**

**Event Description:**

**Lorem ipsum dolor sit amet.**

**Event Location:**

**abcdefghijklmn opqrstuvwxyz1234a bpqrstuvwxyz1234a**

**Event Date:**

**Spring of '72**

9A. Traumatic event(s) information Line 7:

**Event Number: 7**

**Event Description:**

**Lorem ipsum dolor sit amet.**

**Event Location:**

**abcdefghijklmn opqrstuvwxyz1234a bpqrstuvwxyz1234a**

**Event Date:**

**Summer of '69**

13C. Treatment information Line 1:

**ATTACHMENT to VA Form 21-0781**

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**Treatment Information Number: 1**

**Treatment Facility Name and Location:**

**Walter Reed, Bethesda, MD**

**Treatment Date: 02-2014**

13C. Treatment information Line 2:

**Treatment Information Number: 2**

**Treatment Facility Name and Location:**

**Cedarwood Behavioral Health Center, 4321 Oak Ridge Rd, Maplewood, MN**

**Treatment Date: XX-2024**

13C. Treatment information Line 3:

**Treatment Information Number: 3**

**Treatment Facility Name and Location:**

**Silver Oak Recovery Center, 745 Greenfield Avenue, Clearwater, FL**

**Treatment Date: Don't have date**

13C. Treatment information Line 4:

**Treatment Information Number: 4**

**Treatment Facility Name and Location:**

**Silver Oak Recovery Center, 745 Greenfield Avenue, Clearwater, FL**

**Treatment Date: Don't have date**