

16. YOU OR YOUR AUTHORIZED REPRESENTATIVE MAY REQUEST AN INFORMAL CONFERENCE. (VA will only conduct one informal conference associated with this request for Higher-Level Review.)

16B. IF YOU SELECTED THE BOX ABOVE, VA will make two attempts to contact you OR your representative to schedule the informal conference. INDICATE ONE PREFERENCE BY CHECKING THE APPROPRIATE BOX:

☐ Contact the representative. If contact will be by phone, contact in the afternoon hours based on time zone.

17A. REPRESENTATIVE'S NAME (First, Last)

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See attached page for representative email

IDENTIFY IN ITEM 18A EACH ISSUE DECIDED BY VA FOR WHICH YOU ARE REQUESTING A HIGHER-LEVEL REVIEW. Refer to your decision notification letter(s) for your issue(s) VA has previously decided. For each issue, identify the date of VA's most recent decision on the issue in Item 18B. If the space below is insufficient to include the information regarding your issue(s), it is acceptable to indicate that in the space below and attach additional pages to this form to complete your request. Include your name and file number on each page attached.

IMPORTANT: You may only list issues for the benefit type selected in Item 15, Section III.

18A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	18B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)
123456789	SOC/SSOC Date: 04-30-2020
Area of Disagreement: left eye	0 1 - 0 1 - 1 9 0 0
Area of Disagreement: right eye	0 1 - 0 2 - 1 9 0 0
Area of Disagreement: left ear	0 1 - 0 3 - 1 9 0 0
Area of Disagreement: right ear	0 1 - 0 4 - 1 9 0 0
Area of Disagreement: migraines	0 1 - 0 5 - 1 9 0 0
Area of Disagreement: left knee	0 1 - 0 6 - 1 9 0 0
Area of Disagreement:	0 1 - 0 7 - 1 9 0 0

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