









**Additional Evidence Names and Locations**

A. Name and Location	B. Date(s) of Records
CT scan VA Medical Facility	07-2020 to 07-2020, 03-2018 to 02-2019
Lab work VAMC	03-2018 to 03-2018, 01-2018 to 01-2018
Veteran indicated they will send evidence documents to VA.	