

VA Disability Exam & Report Protocol

Full Name _____

Full Mailing Address _____

Contact Phone _____ E-mail _____

VA Claim# _____ SSN _____ Date of Birth _____

Military Branch & Dates Served _____

If obtained, VA Rep or Attorney _____

For assistance from Veteran's Service Organization such as the American Legion, DAV, VFW go to www.va.gov/vso.

Exam & Report Fee: \$500 for up to 4 Claims. \$100 for Each Additional Claim.

- No In-Service Medical Records - No Problem! Tell the doctor your medical history. The doctor then provides their medical rationale.
- Consequential conditions can be service connected with your doctor's medical explanation. An abnormal gait from an ankle can cause knee arthritis.
- Count each body part or disease as 1 Claim. Example: Right Shoulder + Right Elbow + Left Knee + Right Ankle + PTSD + Brain Injury = 6 Claims
- Count Hearing Loss and Tinnitus (ringing in the ears) as 1 claim.
- PTSD and Psychological ratings need a mental health practitioner's report. You can ask for a psych evaluation at your VA.

Body Part • Disease • Condition	Requesting VA to:	Leave VA Code# Blank if the VA has not assigned a #
1. _____	<input type="checkbox"/> Accept <input type="checkbox"/> Raise Current VA% _____	VA Code# _____
2. _____	<input type="checkbox"/> Accept <input type="checkbox"/> Raise Current VA% _____	VA Code# _____
3. _____	<input type="checkbox"/> Accept <input type="checkbox"/> Raise Current VA% _____	VA Code# _____
4. _____	<input type="checkbox"/> Accept <input type="checkbox"/> Raise Current VA% _____	VA Code# _____
5. _____	<input type="checkbox"/> Accept <input type="checkbox"/> Raise Current VA% _____	VA Code# _____
6. _____	<input type="checkbox"/> Accept <input type="checkbox"/> Raise Current VA% _____	VA Code# _____
7. _____	<input type="checkbox"/> Accept <input type="checkbox"/> Raise Current VA% _____	VA Code# _____
8. _____	<input type="checkbox"/> Accept <input type="checkbox"/> Raise Current VA% _____	VA Code# _____
9. _____	<input type="checkbox"/> Accept <input type="checkbox"/> Raise Current VA% _____	VA Code# _____
10. _____	<input type="checkbox"/> Accept <input type="checkbox"/> Raise Current VA% _____	VA Code# _____

List current VA Disabilities % plus Significant Non Service Injuries, Surgeries and Diseases.

Example: VA Left Shoulder 10%. VA Right Ankle 20%. 1968 left knee scope surgery. 2001 Back surgery. 2005 Diabetes. 2010 heart attack with bypass surgery.

Ellis Clinic Protocol for a VA Disability Exam & Report
Ellis Clinic • 5100 N. Brookline Ave #465, Oklahoma City, OK 73112

Veteran's Name: _____

Mail this Protocol and your records and we will then contact you for an appointment.

Send only copies! Records are shredded after your appointment.

Assistance for arrangement of records and typed Summary List by Ellis Clinic: \$50 per inch.

Order of Records:

1. **This Protocol form on top.**
2. **Typed Summary List of Records.** See example below. List is attached to your report.
3. **Form DD-214**
4. **VA Decisions** Put most recent decisions on top.
5. **Medical Records for Each Claimed Body Part or Disease**
 - Separate each claim with a colored cover sheet, divider or tab.
 - Write the claimed body part or disease on the colored cover sheet, divider or tab.
 - **Sections of Medical Records within each claim:**
 - **Operation Reports** Staple each operation. Most recent on top.
 - **Tests i.e. MRI, EMG, X-Ray** Staple each test. Most recent on top.
 - **Medical Treatment: Office Progress Notes and Medial Reports**
Staple or clip together each medical provider. Write the range of dates on the top page.

Example of Summary List of Records

Records of John Q. Doe, VA# 123 45 678

DD214

VA Decisions: 5/6/2013, 9/9/2009, 7/7/2007

Left Shoulder

Operation Report: Arthroscopy Left Shoulder, Dx: Labrum Tear. Ima Cutter, MD 9/13/2003

Operation Report: Arthroscopy Left Shoulder, Dx: Rotator Cuff Repair, Ima Cutter, MD 7/7/2001

MRI Left Shoulder: 6/6/2001

Military Service records: 6/9/1969 to 8/4/1969

VA medical records: 7/1/1970 to 1/5/2012

Ima Cutter, MD: 3/3/2001 to 12/2/2001

Back

Operation Report: L5-S1 Laminectomy, Dx: Herniated Disc L5-S1, IMA Cutter, MD, 5/5/1998

VA medical records: 10/2/1970 to 1/5/2012

ABC Ortho Group: Ima Cutter, MD: 2/14/1996 to 4/1/2001

Marcus Welby, MD: 5/3/1975 to 12/6/2009

Enclose Payment. Payment deposited if your records are acceptable. Ellis Clinic will then call you for an appointment.

\$ _____ **Exam & Report:** \$500 up to 4 claims. \$100 for each additional claim. Total Claims # _____.

\$ _____ **Ellis Clinic Arrangement of Records and Typed Summary List.** \$50 per inch. _____ inches.

\$ _____ **Total**

Payment Method Check to Ellis Clinic MasterCard Visa (No Am Express or Discover)

Card# _____ Expires ____/____ Security Code _____

Name on Card: _____

Card Address: _____