

Exam Request for Document ID 314C500

Station: 314

Home Station: 314

Status: SubmittedToContractor

As of 9/9/2015

Veteran Information

SSN: -0599

Claim Number:

Name: B

Address: 200 B

, VA

Phone:

Alternate Phone:

E-Mail:

Gender: Male

Date of Birth: /1984

Branch of Service: Navy

Entry On Duty: /2002

Release Active Duty /2008

Active Duty: False

VSO: 000:000 - None

Exam Request Details

Request Type: Exam Request & Medical Opinion

Date of Claim: 4/27/2015

Claim Type: Original

Benefit Program: Comp

Special Program: None

Special Program Site: N/A

Joint Exam: False

Nehmer Related: False

Send Claim File To Contractor: VBMS

Comment:

Please expedite as veteran's DOC is 04/27/2015 and this claim has been pending for 134 days. Please examine the veteran's claimed conditions of bilateral hearing loss and bilateral knee condition, and provide the requested medical opinion. The veteran's in-service noise exposure is conceded by his Military Occupational Speciality:

DBQ AUDIO Hearing Loss and Tinnitus DBQ MUSC Knee and lower leg

The following contentions need to be examined: bilateral hearing loss Bilateral Knee Condition Active duty service dates: Branch: Navy EOD: /2002 RAD: /2008 Please direct any questions regarding this request to: VSR,

Physician Instructions:

Contractor Information

Contractor: 061642940:QTC MED SVCS INC

Date of Exam Request: 9/9/2015

Date Exam Submitted:

ATTACHMENT P: Sample Exam Request

314C500

Location Submitted: Not Sent

Claimed Compensation Conditions

- HEARING LOSS
- BILATERAL KNEE CONDITION

Claimed Pension Conditions

None

Diagnostic Codes

None

Worksheets

Body System: MUSCULOSKELETAL
DBQ/AMIE Worksheet: 2048:DBQ KNEE AND LOWER LEG CONDITIONS
Specialist Required: False
Stressor Required: False
Vendor Added: False
Vendor Notes:
Quality Assessment: N/A
Issue Resolved: False
Date Issue Resolved: N/A
Reasons:
Physician Instructions:

Body System: ORGANS OF SENSE
DBQ/AMIE Worksheet: 4015:DBQ AUDIO (HEARING LOSS AND TINNITUS)
Specialist Required: True
Stressor Required: False
Vendor Added: False
Vendor Notes:
Quality Assessment: N/A
Issue Resolved: False
Date Issue Resolved: N/A
Reasons:
Physician Instructions:

Body System: GENERAL MEDICINE
DBQ/AMIE Worksheet: 1015:DBQ MEDICAL OPINION
Specialist Required: False
Stressor Required: False
Vendor Added: False
Vendor Notes:
Quality Assessment: N/A
Issue Resolved: False
Date Issue Resolved: N/A
Reasons:
Physician Instructions:

Medical Opinions

Opinion #1

Type of Medical Opinion:
DIRECT

Claimed Condition:
MEDICAL OPINION Type of medical opinions requested: Direct service connection Contention: Claimed Condition: bilateral knee condition The Veteran is claiming that his left and right knee conditions were incurred during his military service.

Opinion Request:
Opinions Requested: 1. Is the veteran's right knee condition at least as likely as not (50 percent or greater probability) related to the right knee complaints noted during his military service? Rationale must be provided in the appropriate section below. 2. Is the veteran's left knee condition at least as likely as not (50 percent or greater probability) related to the left knee complaints noted during his military service? Rationale must be provided in the appropriate section below.

Opinion Regarding Conflicting Medical Evidence:
N/A

Potentially Relevant Evidence:
Potentially Relevant Evidence (*electronically bookmarked in VBMS): TAB A – The veteran's service treatment records showing treatment for both knees TAB B – Private treatment records, left knee 2015 TAB C – Private treatment records for both knees in 2015 TAB D – Veteran's statement Your review is not limited to the evidence identified on this request form, or tabbed in the claims folder.

Additional Instructions:
N/A
