

**INSTRUCTIONS:** Read the Privacy Act and Respondent Burden on Page 2 before completing the form. Complete as much of Section 8 as possible. The information requested will help process your claim for benefits. If you need any additional room, use the second page.

**NOTE:** You will *either* complete the form online or by hand. Please print the information request in ink, neatly, and legibly to help process the form.

1. VETERAN/BENEFICIARY'S NAME (First, Middle, Initial, Last)

<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">K</div>			
<b>2. VETERAN'S SOCIAL SECURITY NUMBER</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<b>3. VA FILE NUMBER (If applicable)</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<b>5. VETERAN'S SERVICE NUMBER (If applicable)</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<b>4. VETERAN'S DATE OF BIRTH (MM/DD/YYYY)</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20%; text-align: center;">Month</div> <div style="border: 1px solid black; width: 20%; text-align: center;">Day</div> <div style="border: 1px solid black; width: 60%; text-align: center;">Year</div> </div>	
<b>6. TELEPHONE NUMBER (Include Area Code)</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		<b>7. E-MAIL ADDRESS (Optional)</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<b>8. MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>			

(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary.)

## SUBMITTED EVIDENCE LIST:

Curriculum Vitae - Dr John Ellis - 6 pages  
Independent Medical Examination Report - 11 pages  
Service Medical Records SMR's - 10 pages  
Private Medical Records - Dr Henry Mata - 24 pages  
Private Medical Records - Kelsey Seybold Physicians - 13 pages  
List of Medications - 3 pages  
VAOPGCPREC1-2017 - 10 pages

VA Form 21-4138	Statement in support of claim - Duties Statement - 2 pages
VA Form 21-4138	Statement in support of claim - Ankle - 2 pages
VA Form 21-4138	Statement in support of claim - Asthma - 2 pages
VA Form 21-4138	Statement in support of claim - Back Reopen Statement - 2 pages
VA Form 21-4138	Statement in support of claim - Back - 2 pages
VA Form 21-4138	Statement in support of claim - Diabetes - 2 pages
VA Form 21-4138	Statement in support of claim - Foot Reopen Statement - 2 pages
VA Form 21-4138	Statement in support of claim - Foot - 2 pages
VA Form 21-4138	Statement in support of claim - Hip - 2 pages
VA Form 21-4138	Statement in support of claim - Knee - 2 pages
VA Form 21-4138	Statement in support of claim - Spouse Statement - 2 pages