

FAX

To:

Date:

Topic:

Pages:

MEMO

From:

Craig N. Bash, M.D.
Neuro-Radiologist

4938 Hampden Lane, Bethesda,
Phone: (301) 767-9525
E-Mail: drbash@doctor.com
E-Fax: 530-267-8183

Date:

I _____ VA Claim number _____ give permission and request that Dr. Bash review copies of my VA claims file (veteran benefit records) and any other medical/administrative/personnel/lay records in order to make a medical nexus opinion concerning my current diagnoses/secondary conditions and my military service. I understand that he shreds all of my duplicative veteran benefit records when he completes his opinion and that his opinion is not intended for medical health care or treatment and that I am not his patient and that he does not guarantee that the VA will give any particular rating and that his fee is paid prior to the writing of his report thus he has no vested interest in the outcome of my claim.

SIGN HERE _____