

NAME OF PATIENT/VETERAN:

PATIENT/VETERAN'S SOCIAL SECURITY NUMBER:

IMPORTANT - THE DEPARTMENT OF VETERANS AFFAIRS (VA) **WILL NOT PAY OR REIMBURSE** ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM.

Note - The Veteran is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim. VA may obtain additional medical information, including an examination, if necessary, to complete VA's review of the veteran's application. VA reserves the right to confirm the authenticity of ALL Questionnaires completed by providers. **It is intended that this questionnaire will be completed by the Veteran's provider.**

Are you completing this Disability Benefits Questionnaire at the request of:

Veteran/Claimant

Other, please describe:

Are you a VA Healthcare provider? Yes No

Is the Veteran regularly seen as a patient in your clinic? Yes No

Was the Veteran examined in person? Yes No

If no, how was the examination conducted?

EVIDENCE REVIEW

Evidence reviewed:

No records were reviewed

Records reviewed

Please identify the evidence reviewed (e.g. service treatment records, VA treatment records, private treatment records) and the date range.

SECTION I - DIAGNOSIS

DOES THE VETERAN NOW HAVE OR HAS HE OR SHE EVER HAD A VASCULAR DISEASE (ARTERIAL OR VENOUS)?

YES NO (If "Yes," complete Item 1B)

IF YES, PROVIDE ONLY DIAGNOSES THAT PERTAIN TO VASCULAR DISEASE (ARTERIAL OR VENOUS)?:

DIAGNOSIS # 1 -	ICD CODE -	DATE OF DIAGNOSIS -
DIAGNOSIS # 2 -	ICD CODE -	DATE OF DIAGNOSIS -
DIAGNOSIS # 3 -	ICD CODE -	DATE OF DIAGNOSIS -

IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO VASCULAR DISEASES, LIST USING ABOVE FORMAT

SECTION II - MEDICAL HISTORY

2A. DESCRIBE THE CAUSE/ONSET OF THE VETERAN'S CURRENT VASCULAR CONDITION(S) (Provide a brief summary)

2B. TYPE OF VASCULAR DISEASE CONDITION (Check all that apply)

- Section III: Varicose veins and/or post-phlebotic syndrome
- Section IV: Peripheral vascular disease, aneurysm of any large artery (other than aorta), arteriosclerosis obliterans or thrombo-angitis obliterans (Buerger's Disease)
- Section V: Aortic aneurysm
- Section VI: Aneurysm of a small artery
- Section VII: Raynaud's syndrome
- Section VIII: Arteriovenous (AV) fistula, angioneurotic edema or erythromelalgia
- Section IX: Soft tissue Sarcoma of vascular origin

If checked, complete appropriate Section III - IX

Regardless of checked condition, complete Section X

SECTION III - VARICOSE VEINS AND/OR POST- PHLEBITIC SYNDROME

3A. DOES THE VETERAN HAVE VARICOSE VEINS?

YES NO (If "Yes," indicate side: Right Left Both)

3B. DOES THE VETERAN HAVE POST-PHLEBITIC SYNDROME OF ANY ETIOLOGY?

YES NO (If "Yes," indicate side: Right Left Both)

3C. CHECK ALL SYMPTOMS THAT APPLY AND INDICATE EXTREMITY AFFECTED:

- | | | | |
|--|--------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Asymptomatic palpable varicose veins | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |
| <input type="checkbox"/> Asymptomatic visible varicose veins | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |
| <input type="checkbox"/> Aching in leg after prolonged standing | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |
| <input type="checkbox"/> Aching in leg after prolonged walking | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |
| <input type="checkbox"/> Fatigue in leg after prolonged standing | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |
| <input type="checkbox"/> Fatigue in leg after prolonged walking | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |
| <input type="checkbox"/> Symptoms relieved by elevation of extremity | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |
| <input type="checkbox"/> Symptoms relieved by compression hosiery | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |

3D. CHECK ALL FINDINGS AND/OR SIGNS THAT APPLY AND INDICATE EXTREMITY AFFECTED:

- | | | | |
|---|--------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Beginning stasis pigmentation | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |
| <input type="checkbox"/> Beginning eczema | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |
| <input type="checkbox"/> Persistent stasis pigmentation | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |
| <input type="checkbox"/> Persistent eczema | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |
| <input type="checkbox"/> Intermittent ulceration | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |
| <input type="checkbox"/> Persistent ulceration | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |
| <input type="checkbox"/> Intermittent edema of extremity | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |
| <input type="checkbox"/> Persistent edema that is incompletely relieved by elevation of extremity | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |
| <input type="checkbox"/> Persistent edema | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |
| <input type="checkbox"/> Persistent subcutaneous induration | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |
| <input type="checkbox"/> Massive board-like edema | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |
| <input type="checkbox"/> Constant pain at rest | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |

SECTION IV - PERIPHERAL VASCULAR DISEASE, ANEURYSM OF ANY LARGE ARTERY (OTHER THAN AORTA) ARTERIOSCLEROSIS OBLITERANS OR THROMBO-ANGIITIS OBLITERANS (BUERGER'S DISEASE)

4A. HAS THE VETERAN EVER BEEN DIAGNOSED WITH (Check all that apply):

- Peripheral vascular disease Arteriosclerosis obliterans
 Aneurysm of any large artery (other than aorta) Thrombo-angiitis obliterans (Buerger's Disease)
(Is it symptomatic):
 YES NO None of the above

(If "Yes," describe symptoms):

(If any of the above conditions are checked, answer questions 4B - 4D)

4B. HAS THE VETERAN UNDERGONE SURGERY FOR ANY OF THESE LISTED CONDITIONS?

- YES NO (If "Yes," list type of surgery): _____ Date of surgery: _____)

4C. HAS THE VETERAN UNDERGONE ANY PROCEDURE (other than surgery) FOR REVASCULARIZATION?

- YES NO (If "Yes," list type of procedure): _____ Date of procedure: _____)

4D. INDICATE SEVERITY OF CURRENT SIGNS AND SYMPTOMS AND INDICATE EXTREMITY AFFECTED: (Check all that apply)

- | | | | |
|--|--------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Claudication on walking more than 100 yards | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |
| <input type="checkbox"/> Claudication on walking between 25 and 100 yards on a level grade at 2 miles per hour | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |
| <input type="checkbox"/> Claudication on walking less than 25 yards on a level grade at 2 miles per hour | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |
| <input type="checkbox"/> Persistent coldness of the extremity | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |
| <input type="checkbox"/> Diminished peripheral pulses | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |
| <input type="checkbox"/> Ischemic limb pain at rest | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |
| <input type="checkbox"/> Trophic changes (thin skin, absence of hair, dystrophic nails) | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |
| <input type="checkbox"/> 1 or more deep ischemic ulcers | <input type="checkbox"/> Right | <input type="checkbox"/> Left | <input type="checkbox"/> Both |

SECTION V - AORTIC ANEURYSM

5A. HAS THE VETERAN EVER BEEN DIAGNOSED WITH AN AORTIC ANEURYSM?

- YES NO

(If "Yes," HAS THE VETERAN HAD A SURGICAL PROCEDURE FOR AN AORTIC ANEURYSM?

- YES NO (If "Yes," indicate type of surgery): _____ Date of surgery: _____)

5B. DOES THE VETERAN CURRENTLY HAVE AN AORTIC ANEURYSM?

- YES NO (If "Yes," indicate severity):

- 5 centimeters or larger in diameter YES NO
Symptomatic YES NO
Precludes exertion YES NO

5C. DOES THE VETERAN HAVE ANY POST-SURGICAL RESIDUALS DUE TO TREATMENT FOR AORTIC ANEURYSM?

- YES NO If yes, describe _____

(If there are symptoms or post-surgical residuals, ALSO complete appropriate Questionnaire according to body system affected)

SECTION VI - ANEURYSM OF A SMALL ARTERY

6A. HAS THE VETERAN BEEN DIAGNOSED WITH AN ANEURYSM OF A SMALL ARTERY?

- YES NO

IS IT SYMPTOMATIC? If yes, describe symptoms: _____

- YES NO

IF YES, HAS THE VETERAN HAD A SURGICAL PROCEDURE FOR AN ANEURYSM OF A SMALL ARTERY?

- YES NO If yes, indicate type of surgery: _____ Date of surgery: _____

6B. DOES THE VETERAN CURRENTLY HAVE AN ANEURYSM OF A SMALL ARTERY?

- YES NO If yes, is the condition symptomatic?

- YES NO If yes, describe: _____

(Also complete appropriate Questionnaire according to body system affected)

6C. DOES THE VETERAN HAVE ANY POST-SURGICAL RESIDUALS DUE TO TREATMENT FOR AN ANEURYSM OF A SMALL ARTERY?

- YES NO If yes, describe _____

(If there are symptoms or post-surgical residuals, ALSO complete appropriate Questionnaire according to body system affected)

SECTION VII - RAYNAUD'S SYNDROME

7A. DOES THE VETERAN HAVE RAYNAUD'S SYNDROME?

YES NO (If "Yes," complete this section)

7B. DOES THE VETERAN HAVE CHARACTERISTIC ATTACKS?

YES NO (If "Yes," indicate frequency of characteristic attacks):

Less than once a week 1 to 3 times a week 4 to 6 times a week At least daily

NOTE: Characteristic attacks consist of sequential color changes of the digits of one or more extremities lasting minutes to hours, sometimes with pain and paresthesias, and precipitated by exposure to cold or by emotional upsets.

7C. DOES THE VETERAN HAVE TWO OR MORE DIGITAL ULCERS?

YES NO

7D. DOES THE VETERAN HAVE AUTOAMPUTATION OF ONE OR MORE DIGITS?

YES NO

SECTION VIII - ARTERIOVENOUS (AV) FISTULA, ANGIONEUROTIC EDEMA OR ERYTHROMELALGIA

8A. DOES THE VETERAN HAVE ARTERIOVENOUS (AV) FISTULA, ANGIONEUROTIC EDEMA OR ERYTHROMELALGIA?

YES NO (If "Yes," complete Items 8B through 8G)

8B. DOES THE VETERAN HAVE A TRAUMATIC ARTERIOVENOUS (AV) FISTULA?

YES NO (If "Yes," indicate site of traumatic fistula):

Right upper extremity Left upper extremity Other location, (Specify):
 Right lower extremity Left lower extremity

8C. INDICATE FINDINGS:

<input type="checkbox"/> Edema					
Right upper extremity	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Left upper extremity	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Right lower extremity	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Left lower extremity	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Stasis dermatitis					
Right upper extremity	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Left upper extremity	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Right lower extremity	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Left lower extremity	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Ulceration					
Right upper extremity	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Left upper extremity	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Right lower extremity	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Left lower extremity	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Cellulitis					
Right upper extremity	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Left upper extremity	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Right lower extremity	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Left lower extremity	<input type="checkbox"/> YES	<input type="checkbox"/> NO

8D. CARDIAC

(If related to Arteriovenous fistula, please complete VA Form 21-0960A, Heart Conditions Disability Questionnaire):

Enlarged heart
 Wide pulse pressure
 Tachycardia
 High output heart failure

8E. IS THERE MORE THAN ONE TRAUMATIC AV FISTULA?

YES NO (If "Yes," provide location and findings for each):

8F. DOES THE VETERAN HAVE ANGIONEUROTIC EDEMA?

YES NO (If "Yes," indicate severity and frequency of characteristic attacks):

<input type="checkbox"/> With laryngeal involvement	<input type="checkbox"/> Without laryngeal involvement
<input type="checkbox"/> Lasts 1 to 7 days	<input type="checkbox"/> Lasts 1 to 7 days
<input type="checkbox"/> Lasts longer than 7 days	<input type="checkbox"/> Lasts longer than 7 days
<input type="checkbox"/> Occurs once a year or less	<input type="checkbox"/> Occurs once a year or less
<input type="checkbox"/> Occurs 1 to 2 times a year	<input type="checkbox"/> Occurs 1 to 2 times a year
<input type="checkbox"/> Occurs 2 to 4 times a year	<input type="checkbox"/> Occurs 2 to 4 times a year
<input type="checkbox"/> Occurs 5 to 8 times a year	<input type="checkbox"/> Occurs 5 to 8 times a year
<input type="checkbox"/> Occurs more than 8 times a year	<input type="checkbox"/> Occurs more than 8 times a year

SECTION VIII - ARTERIOVENOUS (AV) FISTULA, ANGIONEUROTIC EDEMA OR ERYTHROMELALGIA (Continued)

NOTE: Characteristic attack of erythromelalgia consists of burning pain in the hands, feet or both, usually bilateral and symmetrical, with increased skin temperature and redness, occurring at warm ambient temperatures.

8G. DOES THE VETERAN HAVE ERYTHROMELALGIA?

YES NO (If "Yes," indicate severity and frequency of characteristic attacks):

- Does not restrict most routine daily activities
- Restricts most routine daily activities
- Occurs less than 3 times a week
- Occurs at least 3 times a week
- Occurs daily
- Occurs more than once a day
- Lasts an average of more than 2 hours each
- Responds to treatment
- Responds poorly to treatment

SECTION IX - SOFT TISSUE SARCOMA OF VASCULAR ORIGIN

9A. DOES THE VETERAN HAVE A BENIGN OR MALIGNANT NEOPLASM OR METASTASES RELATED TO ANY OF THE DIAGNOSES IN THE DIAGNOSIS SECTION?

YES NO

9B. IS THE NEOPLASM:

BENIGN MALIGNANT

(If malignant, indicate status of disease)

Active

- Surgery, describe _____
- Antineoplastic chemotherapy
- Radiation
- Other, describe _____

Anticipated date of final treatment (surgical, antineoplastic, chemotherapy, or other) _____

Remission

- Surgery, describe _____
- Antineoplastic chemotherapy
- Radiation
- Other, describe _____

Anticipated date of final treatment (surgical, antineoplastic, chemotherapy, or other) _____

9C. DOES THE VETERAN CURRENTLY HAVE ANY RESIDUAL CONDITIONS OR COMPLICATIONS DUE TO THE NEOPLASM (including metastases) OR ITS TREATMENT, OTHER THAN THOSE ALREADY DOCUMENTED IN THE REPORT ABOVE?

YES NO (If "Yes," list residual conditions and complications (brief summary):

9D. IF THERE ARE ADDITIONAL BENIGN OR MALIGNANT NEOPLASMS OR METASTASES RELATED TO ANY OF THE DIAGNOSES IN THE DIAGNOSIS SECTION, DESCRIBE USING THE ABOVE FORMAT:

SECTION X - MISCELLANEOUS ISSUES

10A. HAS THE VETERAN HAD AN AMPUTATION OF AN EXTREMITY DUE TO A VASCULAR CONDITION?

YES NO (If "Yes," ALSO complete VA Form 21-0960M-1, Amputations Disability Benefits Questionnaire)

10B. DOES THE VETERAN USE ANY ASSISTIVE DEVICE(S) AS A NORMAL MODE OF LOCOMOTION, ALTHOUGH OCCASIONAL LOCOMOTION BY OTHER METHODS MAY BE POSSIBLE?

YES NO (If "Yes," identify assistive device(s) used.) (Check all that apply and indicate frequency):

- | | | | | |
|---------------------------------------|-------------------|-------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Wheelchair | Frequency of use: | <input type="checkbox"/> Occasional | <input type="checkbox"/> Regular | <input type="checkbox"/> Constant |
| <input type="checkbox"/> Brace(s) | Frequency of use: | <input type="checkbox"/> Occasional | <input type="checkbox"/> Regular | <input type="checkbox"/> Constant |
| <input type="checkbox"/> Crutch(es) | Frequency of use: | <input type="checkbox"/> Occasional | <input type="checkbox"/> Regular | <input type="checkbox"/> Constant |
| <input type="checkbox"/> Cane(s) | Frequency of use: | <input type="checkbox"/> Occasional | <input type="checkbox"/> Regular | <input type="checkbox"/> Constant |
| <input type="checkbox"/> Walker | Frequency of use: | <input type="checkbox"/> Occasional | <input type="checkbox"/> Regular | <input type="checkbox"/> Constant |
| <input type="checkbox"/> Other: _____ | Frequency of use: | <input type="checkbox"/> Occasional | <input type="checkbox"/> Regular | <input type="checkbox"/> Constant |

SECTION X - MISCELLANEOUS ISSUES (continued)

10C. IF THE VETERAN USES ANY ASSISTIVE DEVICES, SPECIFY THE CONDITION AND IDENTIFY THE ASSISTIVE DEVICE USED FOR EACH CONDITION:

10D. DUE TO A VASCULAR CONDITION, IS THERE FUNCTIONAL IMPAIRMENT OF AN EXTREMITY SUCH THAT NO EFFECTIVE FUNCTION REMAINS OTHER THAN THAT WHICH WOULD BE EQUALLY WELL SERVED BY AN AMPUTATION WITH PROSTHESIS? (*Functions of the upper extremity include grasping, manipulation, etc., while functions for the lower extremity include balance and propulsion, etc.*)

- YES, functioning is so diminished that amputation with prosthesis would equally serve the veteran.
- NO

(If "Yes," indicate extremity(ies.) (Check all extremities for which this applies):

- Right upper
- Right lower
- Left upper
- Left lower

10E. FOR EACH CHECKED EXTREMITY, DESCRIBE LOSS OF EFFECTIVE FUNCTION, IDENTIFY THE CONDITION CAUSING LOSS OF FUNCTION AND PROVIDE SPECIFIC EXAMPLES (*Brief summary*):

SECTION XI - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS, SYMPTOMS, AND SCARS

11A. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS OR SYMPTOMS RELATED TO THE CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

- YES NO

IF YES, DESCRIBE (*brief summary*):

11B. DOES THE VETERAN HAVE ANY SCARS (*surgical or otherwise*) RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION ABOVE?

- YES NO

IF YES, ARE ANY OF THESE SCARS PAINFUL OR UNSTABLE; HAVE A TOTAL AREA EQUAL TO OR GREATER THAN 39 SQUARE CM (*6 square inches*); OR ARE LOCATED ON THE HEAD, FACE OR NECK? (An "unstable scar" is one where, for any reason, there is frequent loss of covering of the skin over the scar.)

- YES NO

IF YES, ALSO COMPLETE VA FORM 21-0960F-1, SCARS/DISFIGUREMENT.

IF NO, PROVIDE LOCATION AND MEASUREMENTS OF SCAR IN CENTIMETERS.

LOCATION: _____ MEASUREMENTS: length _____ cm X width _____ cm.

NOTE: If there are multiple scars, enter additional locations and measurements in Comment section below. It is not necessary to also complete a Scars DBQ.

11C. COMMENTS, IF ANY:

SECTION XII - DIAGNOSTIC TESTING

NOTE: An ankle/brachial index is required for peripheral vascular disease or aneurysm of any large artery (other than aorta), arteriosclerosis obliterans or thrombo-angiitis obliterans (Buerger's disease) if not of record, or if there has been an intervening change in the veteran's peripheral vascular condition.

12A. HAS ANKLE/BRACHIAL INDEX TESTING BEEN PERFORMED?

YES NO UNABLE TO PERFORM (Provide reason): _____

(If "Yes," provide most recent results):

Right ankle/brachial index: _____ Date: _____

Left ankle/brachial index: _____ Date: _____

12B. ARE THERE ANY OTHER SIGNIFICANT DIAGNOSTIC TEST FINDINGS AND/OR RESULTS?

YES NO

If yes, provide type of test or procedure, date and results (brief summary):

SECTION XIII - FUNCTIONAL IMPACT AND REMARKS

13. DOES THE VETERAN'S VASCULAR CONDITION(S) IMPACT HIS OR HER ABILITY TO WORK?

YES NO

(If "Yes," describe impact of each of the Veteran's vascular condition, providing one or more examples):

SECTION XIV - REMARKS

14. REMARKS (If any)

SECTION XV - PHYSICIAN'S CERTIFICATION AND SIGNATURE

CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current.

15A. PHYSICIAN'S SIGNATURE

15B. PHYSICIAN'S PRINTED NAME

15C. DATE SIGNED

15D. PHYSICIAN'S PHONE AND FAX NUMBER

15E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER

15F. PHYSICIAN'S ADDRESS