

## HIGHER-LEVEL REVIEW RETURN

|                  |                 |                        |
|------------------|-----------------|------------------------|
| POA              | DATE OF RETURN: | REGIONAL OFFICE NUMBER |
| NAME OF CLAIMANT |                 | VA FILE NUMBER         |

### SECTION I

**THE HIGHER-LEVEL REVIEW BEING RETURNED RELATES TO THE FOLLOWING ISSUES:**

| LIST ALL SPECIFIC ISSUES BEING RETURNED <i>(Continue on additional page as necessary)</i> | DATE OF VA DECISION NOTICE |
|---|----------------------------|
|   |                            |
|   |                            |
|   |                            |
|   |                            |
|   |                            |

### SECTION II

**THE HIGHER-LEVEL REVIEW HAS BEEN RETURNED FOR THE FOLLOWING REASONS:**

**DUTY TO ASSIST ERRORS** *(Select all that apply)*

PRIVATE MEDICAL RECORDS    
  FEDERAL MEDICAL RECORDS    
  OTHER MEDICAL RECORDS    
  EXAMINATION OR MEDICAL OPINION    
  OTHER RECORDS

**REQUIRED DEVELOPMENT - DIFFERENCE OF OPINIION** *(Select all that apply)*

FEDERAL RECORDS    
  OTHER RECORDS    
  EXAMINATION OR MEDICAL OPINION    
  OTHER DEVELOPMENT

EXPLANATION FOR ITEMS CHECKED *(Continue on additional page as necessary)*

### SECTION III

FAVORABLE FINDINGS: LIST SPECIFIC FAVORABLE FINDINGS BY ISSUE *(Continue on additional page as necessary)*

|                |                    |
|----------------|--------------------|
| REVIEWER'S ID: | REVIEWER'S OFFICE: |
|----------------|--------------------|

CONTINUATION *(Add pages as necessary)*