


Social Security Online **Disability Report - Appeal**

Sign Off About You Medical History **Review and Send**

Name: **John Public**
SSN: 743-99-4170



Review and Send: Additional Remarks About Your Case

Before you send this report, please provide any additional comments or information that you think we should know.

Please include any doctors, hospitals, medicines, tests, etc., that you did not already tell us about. For example, if you checked a box anywhere on this report to show that you had more information than the space allowed, you may give us that information here. If you do not have enough room to enter all the information you want to give us, please write the information on a separate sheet of paper and send it to us at the address we will give you.

Please enter any additional remarks:

2000 characters maximum. This is about

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2000 characters maximum. This is about 40 lines of typing or about 320 words.

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