

SUMMARY OF EVIDENCE

CODE NUMBERS

DDS

DHU

See Revised PRA, Attached

~~Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. Send only comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001.~~

PRIVACY/PAPERWORK ACT NOTICE: The Social Security Administration (SSA) is authorized to collect the information on this form under section 205(a), 1631(e)(1)(A) and (B), and 1872 of the Social Security Act (the Act), as amended (42 U.S.C. 405, 1383, and 1395ii). Giving us this information is mandatory. This form will be used as a means for listing medical/vocational reports included in claims folders of cases where the evidentially hearings process required by section 205(b) of the Act and 20 CFR sections 404.913(b), 404.914(a), 416.1413(b), and 416.1414(a) applies.

CLAIMANT'S NAME

NUMBER HOLDER'S SOCIAL SECURITY NUMBER

List in chronological order (newest to oldest based on date of report) all medical and vocational reports of information pertaining to the issue of disability which were considered in the development of the case. Include physicians' reports (specify if consultative examinations (CEs)), hospital records, medical or vocational test results.

A. MEDICAL/VOCATIONAL REPORTS SINCE COMPARISON POINT DECISION

Multiple horizontal lines for text entry under section A.

B. MEDICAL/VOCATIONAL REPORTS AT COMPARISON POINT DECISION

Multiple horizontal lines for text entry under section B.

The following revised PRA Statement will be inserted into the form at its next scheduled reprinting:

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