



Paralyzed Veterans
of America

Prosthetics Delay Report Form

Responsible PVA Service Office: _____ Date: _____

Last Name: _____ First Name: _____ MI: _____

SSN: _____ Age: _____ PVA Member: Yes No

Description of disabling condition that necessitates reliance on prosthetics,
including the date of injury:

Are you service-connected: Yes No

Item/Device/Equipment ordered:

Date Ordered: _____

Prescribing Clinician/Therapist: _____

VA Medical Center: _____

Veteran Integrated Service Network (1-23): _____

Order delayed more than 30 days: Denied:

Reasons given for decision:

Impact of delay/denial:
