4 April 2025

Veteran’s Name

Address

City, State, and Zip Code

Department of Veterans Affairs

Attention: [Rating Team]

Address

City, State, and Zip Code

**Reference:** Request for Rating Re-evaluation - New Medical Evidence Available

Dear VA Claims,

I'm writing regarding my current disability rating for [condition] established in your decision dated [Date]. Recent medical developments suggest my condition may warrant re-evaluation, and I'd appreciate your team's expertise in reviewing this new information.

**Current Status and New Developments:** My current [X%] rating was appropriate based on the evidence available at that time. However, my condition has progressed, and I believe we should work together to ensure my rating accurately reflects my current functional capacity.

**Updated Medical Picture:** Since our last evaluation, my medical team has documented: • Increased symptom severity: [specific examples] • New functional limitations: [work/daily living impacts] • Treatment escalation: [medications, therapies, procedures] • Specialist recommendations: [restrictions, accommodations]

**Functional Impact Assessment:** To assist your evaluation team, here's how these changes affect my daily functioning: • Work capacity: [specific limitations with examples] • Daily activities: [concrete examples of restrictions] • Social functioning: [impact on relationships, community involvement]

**Partnership in Accurate Assessment:** I understand your team needs clear, objective evidence to make rating determinations. I've organized this information to help streamline your review process and ensure we're both working with the complete medical picture.

Would it be helpful if I provided additional documentation or clarification on any aspect of my condition? I'm committed to working together to ensure my rating accurately reflects my current level of service-connected disability.

Thank you for your dedication to getting this right and your continued partnership in this process.

Respectfully submitted,

Signature

[Veteran's Printed Name]

[contact information]

**Attachments:**

List all documents (*examples below*)

Doctor’s letter

Civilian medical documents

Buddy statement