

DEPARTMENT OF VETERANS AFFAIRS

Regional Office

210 Franklin Road S.W.

Roanoke VA 24011-2204



March 17, 2010

MR. GLENN [REDACTED]  
[REDACTED]  
[REDACTED]

In reply, refer to:

[REDACTED]  
File Number: [REDACTED]

Glenn [REDACTED]

**IMPORTANT -- reply needed**

Dear Mr. [REDACTED]

We are working on your claim for:

- *fatigue*
- *muscle pain*
- *cardiovascular symptoms*
- *gastrointestinal symptoms*
- *skin symptoms*
- *joint pain*
- *weight loss*
- *headaches*
- *neurological symptoms*
- *menstrual disorder*

This letter tells you what we will do with your claim and what you can do to help us. Please read the enclosure to this letter entitled, "Veteran Claims Assistance Act (VCAA)." The enclosure explains how we obtain evidence related to your claim and the legal requirements for supporting your claim.

**What Do We Still Need from You?**

We need additional evidence from you. *Please put your VA file number on the first page of every document you send us.*

- We need evidence showing that the following condition(s) existed from military service to the present time:

*fatigue, skin symptoms, headaches, muscle pain, joint pain, neurological symptoms, cardiovascular symptoms, weight loss, gastrointestinal symptoms*

- On the VA Form 21-4138, *Statement in Support of Claim*, you sent on October 8, 2009, you included *menstrual disorder*. Please specify what you intended to claim for this condition.