

Uneffectuated Medical Cessation Appeal Case

TO: FO _____ FROM: DDS _____

SSN ____-__-____

Claimant's Name _____

This is an uneffectuated medical cessation case. The DDS cessation determination was made prior to 1/1/06. Per POMS DI 28075.200 D this case is being returned to the servicing field office for initiation of a new CDR.

Comment:

DDS Contact _____

Date _____