

Uneffectuated Medical Cessation Appeal Case

TO: FO _____ FROM: DDS _____

Disabled Individual: _____

SSN: _____

This case is an uneffectuated medical cessation. The DDS made a cessation determination prior to 01/01/2006. Per DI 28075.200D, DDS is returning this case to the FO for initiation of a new CDR. Place this flag on top of the folder.

Comment:

DDS Contact: _____

Date: _____