

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient Name]  
[Recipient Title]  
[VA Regional Office Address]  
[City, State, Zip Code]

Subject: Nexus Letter for Skin Cancer Claim

Dear [Recipient Name],

I am writing to provide a nexus letter in support of [Veteran's Name], [Veteran's Service Number], who is applying for service connection for skin cancer. I am [Your Credentials/Title], and I have reviewed [Veteran's Name] medical history and military service records in detail. Based on my assessment, it is my professional opinion that [Veteran's Name]'s skin cancer is at least as likely as not related to [specific in-service events, exposures, or conditions, e.g., UV exposure during service, exposure to Agent Orange, etc.].

1. **\*\*Medical History\*\***:

- Diagnosis of skin cancer on [date of diagnosis].
- Relevant treatment history: [brief summary of treatments, surgeries, and follow-ups related to skin cancer].

2. **\*\*Military Service Exposure\*\***:

- [Detail any specific incidents, locations, or experiences during military service that could have contributed to the skin cancer diagnosis, such as prolonged sun exposure, proximity to hazardous materials, etc.].

3. **\*\*Scientific Evidence\*\***:

- Studies or literature that support the correlation between military service exposures and the development of skin cancer. [Reference any relevant studies or medical literature].

4. **\*\*Conclusion & Recommendation\*\***:

- It is my conclusion that the evidence presented substantiates a direct connection between [Veteran's Name]'s military service and their diagnosis of skin cancer. Therefore, I strongly recommend that their claim for service connection be granted.

Thank you for considering this nexus letter in [Veteran's Name]'s claim for benefits. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information or clarification.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Credentials/Title]  
[Your License Number, if applicable]