

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

[Recipient's Name]
[Recipient's Title]
[Department of Veterans Affairs]
[Office Address]
[City, State, Zip Code]

Subject: Nexus Letter for [Veteran's Full Name, VA File Number]

Dear [Recipient's Name],

I am writing to provide an opinion regarding the service connection for [Veteran's Full Name], who has been diagnosed with skin cancer. As [Veteran's Name]'s [Your Title/Relation, e.g., "treating physician, dermatology specialist"], I have been closely involved in their medical care and management of the condition.

[Veteran's Name] served in [Branch of Service] from [Service Dates] and was exposed to [specify any known risk factors, e.g., hazardous materials, extreme sunlight exposure] during their service. This exposure is well-documented and is known to be a contributing factor to the development of skin cancer.

Based on my evaluation and examination of [Veteran's Name], as well as a thorough review of their medical history, it is my professional opinion that it is at least as likely as not ([50% or greater probability]) that [Veteran's Name]'s skin cancer is related to their military service. The medical evidence includes:

1. ****Diagnosis****: [Specify details about the diagnosis, including type of skin cancer, date of diagnosis]
2. ****Medical History****: [Briefly outline any relevant medical history of skin conditions during or post-service]
3. ****Serving Conditions****: [Detail conditions and exposures during military service that could contribute to skin cancer development]
4. ****Supportive Evidence****: [Any studies, medical literature, or guidelines that support the connection]

In conclusion, I strongly recommend that the VA consider this connection as it pertains to [Veteran's Name]'s eligibility for benefits. Should you require any further information or additional documentation, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title/Professional Credentials]
[Your Institution/Practice Name]
[License Number]