

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

[Recipient's Name]  
[Recipient's Title]  
[Department/Organization Name]  
[Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing this letter in support of [Veteran's Name]'s claim for sleep apnea. As [his/her/their] [relationship to the veteran, e.g., spouse, friend, etc.], I have witnessed firsthand the challenges [he/she/they] face(s) due to this condition.

I first noticed [Veteran's Name]'s symptoms around [specific time frame], including [list specific symptoms such as loud snoring, gasping for breath during sleep, excessive daytime sleepiness, etc.]. These symptoms have significantly impacted not only [his/her/their] sleep but also daily life, including [mention any impact on work, social activities, and overall well-being].

[Provide specific examples of situations that exemplify the impact of sleep apnea on the veteran's life, e.g., "There have been numerous occasions where [Veteran's Name] has struggled to stay awake during important meetings, which has affected work performance."]

Additionally, [Veteran's Name] has made efforts to manage [his/her/their] condition by [mention any treatments or lifestyle changes, if applicable, such as using a CPAP machine or adopting a healthier lifestyle]. Despite these efforts, [he/she/they] still face(s) challenges that I believe warrant a thorough review for [his/her/their] claim.

I appreciate your attention to this matter and am willing to provide any further information if needed. Thank you for considering my perspective and support of [Veteran's Name]'s claim for sleep apnea.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]