

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

U.S. Department of Veterans Affairs

[VA Regional Office Address]  
[City, State, Zip Code]

Subject: Buddy Letter in Support of [Veteran's Name] Claim for Sleep Apnea

To Whom It May Concern,

I am writing this letter in support of [Veteran's Name], who served in the [Branch of Military] from [Start Date] to [End Date]. I have known [Veteran's Name] for [number of years] years and can attest to the challenges they have faced related to their sleep apnea condition.

I have witnessed firsthand the impact of [Veteran's Name]'s sleep apnea on their daily life. [Describe your observations regarding the veteran's symptoms, struggles, and any specific incidents that illustrate their condition, e.g., excessive daytime sleepiness, loud snoring, gasping during sleep, etc.]. These symptoms have interfered with their ability to [mention how it has affected their work, social life, or family relationships].

It is my understanding that [Veteran's Name] received a diagnosis of sleep apnea from [Healthcare Provider's Name] on [Date]. Since then, they have taken steps to manage their condition, including [mention treatments, lifestyle changes, or equipment used, such as CPAP therapy]. However, despite these efforts, [he/she/they] continue to experience significant challenges.

In conclusion, I wholeheartedly support [Veteran's Name]'s claim for disability benefits related to their sleep apnea. The effects of this condition are very real and have had a profound impact on [his/her/their] quality of life. Thank you for considering this letter as part of their claim.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Relationship to the Veteran]