

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

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

Subject: Buddy Letter for [Veteran's Name] - Sleep Apnea

Dear [Recipient's Name],

I am writing this letter to provide a personal account of my experiences with [Veteran's Name], who I have known since [Year]. I am aware that [he/she/they] is seeking assistance for a diagnosis of sleep apnea and would like to attest to the impact this condition has had on [his/her/their] daily life.

[Insert a paragraph describing your relationship with the veteran and your observations regarding their sleep apnea. Include details about specific incidents that highlight the challenges they face, such as excessive daytime sleepiness, loud snoring, or other relevant behaviors you have witnessed.]

In addition to the physical symptoms, I have also noticed the emotional toll that sleep apnea has taken on [Veteran's Name]. [Describe any impacts on their mood, relationships, or ability to perform daily activities.]

As someone who has supported [Veteran's Name] through this journey, I can confidently state that the sleep apnea diagnosis is not only real but has significantly affected [his/her/their] quality of life and ability to function effectively. I believe that acknowledging these struggles is essential for [his/her/their] claim.

Thank you for taking the time to consider this account. If you need any further information or clarification, please do not hesitate to reach out.

Sincerely,

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