

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

[Recipient's Name]
[Recipient's Title]
[Facility/Hospital/Practice Name]
[Facility Address]
[City, State, Zip Code]

Subject: Nexus Letter for Sleep Apnea

Dear [Recipient's Name],

I am writing this letter to establish a nexus between my diagnosed sleep apnea and my military service.

1. ****Patient Information****

- Name: [Your Full Name]
- Date of Birth: [Your DOB]
- Service Number: [Your Service Number]
- Branch of Service: [Your Branch]

2. ****Medical History****

- Diagnosis: Sleep Apnea
- Date of Diagnosis: [Date]
- Treating Physician: [Physician's Name]

3. ****Background****

During my time in service, I experienced [describe relevant symptoms or events], which I believe contributed to the development of my sleep apnea. These events included [specific incidents, deployments, etc.].

4. ****Current Condition****

My current symptoms include [list symptoms], and I have undergone treatment including [mention treatments, devices, etc.].

5. ****Nexus Opinion****

After reviewing my medical history and the circumstances surrounding my service, it is my professional opinion that my sleep apnea is at least as likely as not caused or aggravated by my military service.

Please let me know if you require any further information or documentation to support this claim.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title or Relation, if applicable]
[Your Contact Information]