

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Title]  
[Department/Organization Name]  
[Address]  
[City, State, Zip Code]  
Subject: Nexus Letter for Sleep Apnea

Dear [Recipient Name],

I am writing to provide a nexus letter regarding [Veteran's Name], who is seeking service connection for sleep apnea. I have been treating [him/her/them] since [start date of treatment], and I believe that [his/her/their] condition is related to [his/her/their] military service. [Veteran's Name] served in the [Branch of Service] from [Start Date] to [End Date]. During [his/her/their] service, [he/she/they] experienced [specific incidents or conditions in service that may relate to sleep apnea, such as exposure to certain environments, injuries, or stress]. Based on [Veteran's Name]'s medical history and my professional assessment, I have determined that.

1. **\*\*Diagnosis\*\***: [Provide detailed information about the diagnosis of sleep apnea].
  2. **\*\*Medical Evidence\*\***: [Summarize key medical records, tests, and evaluations].
  3. **\*\*Link to Service\*\***: [Explain how the condition is related to military service, including any research or literature that supports this link].
- In conclusion, it is my professional opinion that [Veteran's Name]'s sleep apnea is at least as likely as not (50% probability or greater) related to [his/her/their] military service.

Thank you for considering this information. If you have any questions or require further documentation, feel free to contact me at [phone number] or [email address].

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Title/Position]  
[Your Qualifications/Certifications]