

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

[Recipient Name]  
[Recipient Title/Position]  
[Department/Organization]  
[Address]

[City, State, Zip Code]

Subject: Nexus Letter for Sleep Apnea Claim

Dear [Recipient Name],

I am writing to provide a nexus letter regarding [Veteran's Full Name], [Veteran's Social Security Number or Service Number], who is applying for service connection for sleep apnea.

[Veteran's Full Name] served in the [Branch of Military] from [Start Date] to [End Date] and has been diagnosed with sleep apnea, confirmed by [Name of Healthcare Provider] on [Date of Diagnosis]. This letter serves to establish the connection between [Veteran's Name]'s diagnosed condition and their military service.

1. **\*\*Medical Diagnosis\*\***:

[Provide details of the sleep apnea diagnosis, including tests conducted, symptoms experienced, and any relevant medical history.]

2. **\*\*Military Service and Exposure\*\***:

[Briefly outline the veteran's military service, including any specific incidents or exposures during service that could relate to sleep apnea.]

3. **\*\*Link Between Service and Current Condition\*\***:

[Explain how the sleep apnea is related to the veteran's military service. Include any supporting medical opinions or evidence that establishes this connection.]

4. **\*\*Conclusion\*\***:

Based on the information provided, it is clear that [Veteran's Name]'s sleep apnea is a result of their military service. I recommend granting service connection for sleep apnea due to the comprehensive relationship established through the details outlined in this letter.

Should you require any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Title/Occupation (if applicable)]  
[Your Credentials (if applicable)]