

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[VA Regional Office Address]
[City, State, Zip Code]
Subject: Nexus Letter for Sleep Apnea Appeal - [Veteran's Name, Claim Number]

Dear [Recipient Name],

I am writing to provide a nexus letter in support of my appeal for service connection for sleep apnea, which I believe is related to my military service.

****Veteran Information:****

- Name: [Veteran's Full Name]
- Service Number: [Service Number]
- Branch of Service: [Branch]
- Dates of Service: [Start Date] to [End Date]

****Medical History/Background:****

During my service, I experienced [describe relevant conditions, incidents, or symptoms that support the claim]. Upon my discharge, I began experiencing [outline symptoms related to sleep apnea], which have persisted and worsened over time.

****Current Diagnosis:****

I have been diagnosed with sleep apnea by [Name of Physician/Medical Facility] on [Date of Diagnosis]. As noted in the medical records, my symptoms include [list symptoms such as loud snoring, daytime fatigue, etc.].

****Nexus Statement:****

It is my professional opinion that the sleep apnea is at least as likely as not (50% or greater probability) connected to my military service due to [insert rationale, citing relevant medical literature, personal experiences, and other corroborating evidence].

****Attached Documents:****

1. Medical Records
2. Treatment History
3. Nexus Opinion from [Physician's Name, Credentials]
4. [Any additional supporting documents]

Thank you for considering this letter as part of my appeal. I respectfully request a favorable review of my claim for service connection for sleep apnea.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]