

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

[Date]
[Recipient's Name]
[Recipient's Title/Position]
[Department/Organization]
[Department Address]
[City, State, ZIP Code]

Subject: Nexus Letter for Sleep Apnea Claim

Dear [Recipient's Name],

I am writing to provide a nexus letter regarding [Veteran's Full Name], [Veteran's Service Number], who is applying for benefits related to a diagnosis of obstructive sleep apnea. I am [Your Title/Professional Credentials] and have reviewed [Veteran's Full Name]'s medical history, as well as the relevant military service records.

[Veteran's Full Name] served in the [Branch of Service] from [Start Date] to [End Date], during which time [he/she/they] exhibited symptoms consistent with sleep apnea, including [briefly list symptoms or related incidents].

Upon examination and review of [his/her/their] medical history, it is my professional opinion that there is at least a 50% probability that [Veteran's Full Name]'s sleep apnea is connected to [his/her/their] military service due to [provide reasoning, evidence, or references to medical literature].

[Include any relevant evaluations, tests, or treatments that support the connection between service and the condition.]

In conclusion, based on [his/her/their] symptoms, medical history, and my professional evaluation, it is my belief that the sleep apnea experienced by [Veteran's Full Name] is more likely than not connected to

[his/her/their] military service. I recommend further consideration of [his/her/their] claim for service-connected disability benefits.

Thank you for your attention to this matter. Should you require any further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Professional Title/Qualifications]
[License/Certification Number, if applicable]
[Your Affiliation/Organization, if applicable]