

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

[Recipient's Name]
[Recipient's Title]
[Organization/Department Name]
[Address]
[City, State, Zip Code]

Subject: Nexus Letter for Sleep Apnea

Dear [Recipient's Name],

I am writing to provide a medical nexus opinion regarding [Veteran's Full Name], who has been diagnosed with sleep apnea. My assessment is based on [number] years of experience in [specialty/field], and I have thoroughly reviewed [his/her/their] medical history, service records, and relevant documentation.

[Veteran's Full Name] served in the [Branch of Military] from [Start Date] to [End Date]. During this time, [he/she/they] was exposed to [describe relevant exposures or incidents related to service], which I believe are contributory factors to the development of [his/her/their] sleep apnea.

Based on my evaluation, it is my professional opinion that the sleep apnea diagnosis is [directly/indirectly] linked to [Veteran's Full Name]'s military service. The key points supporting this opinion include:

1. [First supporting point]
2. [Second supporting point]
3. [Third supporting point]

I recommend that [Veteran's Full Name] be granted the appropriate benefits related to [his/her/their] sleep apnea condition. Please feel free to contact me if you need further information or clarification.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Professional Title]
[Your License Number]
[Your Institution/Practice Name]