

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

[Recipient Name]
[Recipient Title]
[Organization/Institution 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 conducted a thorough review of [his/her/their] medical history and relevant military service records, and I would like to outline the connections between [his/her/their] military service and the diagnosis of sleep apnea.

1. ****Medical History****: [Briefly describe the veteran's medical history related to sleep apnea, including symptoms and treatment.]

2. ****Service Background****: [Summarize the veteran's military service, focusing on any incidents or conditions that may have contributed to the development of sleep apnea.]

3. ****Link Between Service and Condition****: [Explain how the military service is directly related to the development of sleep apnea, citing specific events or exposures.]

4. ****Professional Opinion****: Based on my professional assessment, it is my 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. [Provide reasoning and evidence to support this opinion.]

If you require any additional information or clarification regarding this nexus letter, please feel free to contact me at [your phone number] or [your email address].

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Qualification]
[Your License/Certification Number, if applicable]
[Your Practice Address, if applicable]