

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

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

[City, State, Zip Code]

Subject: Nexus Letter for Sleep Apnea

Dear [Recipient Name],

I am writing to provide a formal nexus letter concerning [Veteran's Full Name], [Veteran's Service Number/Date of Birth], who is seeking to establish a service connection for sleep apnea.

1. ****Introduction****

- Brief introduction about your qualifications and relationship to the veteran.
- Statement of purpose for the letter.

2. ****Background Information****

- Explanation of the veteran's military service.
- Overview of the veteran's medical history related to sleep apnea.

3. ****Medical Evidence****

- Discuss the diagnosis of sleep apnea (include the date of diagnosis and any relevant tests).
- Highlight any sleep studies, medical reports, and treatments undergone.

4. ****Nexus Statement****

- Clearly state the connection between the veteran's military service and their sleep apnea condition.
- Reference specific instances, events, or exposures during service that contribute to the condition.

5. ****Conclusion****

- Summarize the findings and reaffirm the opinion of a service connection.
- Offer to provide further information or clarification if needed.

Sincerely,

[Your Signature (if sending a physical letter)]
[Your Printed Name]
[Your Credentials/Title]
[Your Contact Information]