

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

[Recipient's Name]
[Recipient's Title/Position]
[Organization/Institution Name]
[Address]

[City, State, Zip Code]

Subject: Nexus Letter for Sleep Apnea Claim

Dear [Recipient's Name],

I am writing this letter to establish a nexus between [Veteran's Name]'s military service and his/her diagnosis of sleep apnea. As [his/her] attending physician, I have had the opportunity to assess [his/her] medical history, physical condition, and the impact of sleep apnea on [his/her] daily life.

1. ****Patient Information**:**

- Patient Name: [Veteran's Name]
- Date of Birth: [DOB]
- Service Period: [Dates of Service]

2. ****Diagnosis**:**

[Veteran's Name] has been diagnosed with sleep apnea as of [Date of Diagnosis]. This condition has been confirmed through [mention diagnostic tests, e.g., sleep study].

3. ****Medical History**:**

[Include relevant medical history, symptoms exhibited, and any previous related conditions.]

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

It is my professional opinion that [Veteran's Name]'s sleep apnea is more likely than not connected to [his/her] military service due to the following reasons:

- [Provide specific details connecting service events, stressors, and lifestyle changes during military service to the development of sleep apnea.]

5. ****Conclusion**:**

Based on the evidence and my evaluation, I conclude that there is a service-connected nexus for [Veteran's Name's] sleep apnea, which significantly affects his/her quality of life.

Please feel free to contact me for any further information or clarification.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title/Position]

[Your Medical License Number]

[Your Contact Information]