

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

[Recipient Name]
[Recipient Title]
[VA Regional Office Address]
[City, State, Zip Code]

Subject: Nexus Letter for Sleep Apnea Claim - [Veteran's Full Name, VA File Number]

Dear [Recipient Name],

I am writing this nexus letter on behalf of [Veteran's Full Name], who is applying for service connection for sleep apnea. As [his/her] treating physician, I have had the opportunity to evaluate [him/her] and review [his/her] medical history, including [specific details of veteran's military service relevant to the claim].

[In this section, provide a detailed medical opinion connecting the veteran's sleep apnea to their military service. Include specific medical evidence, symptoms, and observations that support the claim.]

Based on my evaluation, it is my professional opinion that [Veteran's Full Name]'s sleep apnea is at least as likely as not (50% probability or greater) related to [his/her] time in service. The connection is supported by [specific evidence].

Should you require any further information or clarification, please do not hesitate to contact me.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Position]
[Your Medical License Number]
[Your Practice Name]
[Practice Address]