

[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 [Patient's Full Name], who I have evaluated and treated for sleep apnea. This letter aims to establish a connection between the patient's current diagnosis of sleep apnea and their military service.

1. ****Patient Background****:

- [Patient's Full Name]
- [Date of Birth]
- [Military Service Details: Branch, Dates of Service, etc.]

2. ****Medical History****:

- [Brief summary of relevant medical history, including any sleep-related issues during or after military service.]

3. ****Diagnosis****:

- [Specific diagnosis of sleep apnea with details of when and how it was diagnosed (e.g., sleep study results).]

4. ****Connection to Military Service****:

- [Detailed explanation of how the patient's military service may have contributed to or exacerbated the sleep apnea, including stress factors, injuries, or exposure to hazardous environments.]

5. ****Current Impact****:

- [Description of how sleep apnea currently affects the patient's health, daily life, and ability to work.]

6. ****Conclusion****:

- In conclusion, it is my professional opinion that there is a direct nexus between [Patient's Full Name]'s military service and their diagnosis of sleep apnea.

Please feel free to contact me if you require any further information or clarification concerning this matter.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Medical License Number]
[Your Contact Information]
[Organization Name, if applicable]