**[Provider's Letterhead] Nexus Letter Template**

[Provider's Name, Credentials]

[Provider's Address]

[City, State, ZIP Code]

[Phone Number]

[Email Address]

[Date]

**RE: Nexus Letter in Support of Service-Connection for VA Disability Claim**

**Veteran’s Name:** [Full Name]

**Veteran’s Date of Birth:** [DOB]

**VA Claim Number:** [Claim Number]

**To Whom It May Concern:**

I am writing this detailed Nexus Letter on behalf of [Veteran's Full Name] regarding their pending claim for VA disability benefits. This letter provides my detailed independent medical opinion and nexus statement linking the veteran’s diagnosed condition(s) to their military service.

**Provider Background and Qualifications**

I am [Provider’s Name], a [Medical Degree or License, e.g., MD, DO, PA, NP, PhD], and I am board-certified in [Specialty]. I have been practicing medicine for [Number] years, specializing in [Specific Field, e.g., Orthopedics, Psychiatry, Internal Medicine]. My professional experience includes [Briefly List Relevant Experience and Expertise, e.g., diagnosing and treating musculoskeletal injuries, PTSD, etc.].

**Medical Evidence and Records Reviewed**

The following records and documents were reviewed in preparation of this independent medical opinion:

1. Military Service Records and Deployment History
2. Service Treatment Records (STRs)
3. VA Medical Records and Treatment Notes
4. Private Provider Medical Records and Treatment Notes
5. Diagnostic Imaging Reports (e.g., X-rays, MRIs, CT Scans)
6. Medical Research and Literature Relevant to the Claimed Conditions
7. BVA Decisions Relevant to the Claimed Conditions
8. Disability Benefit Questionnaires (DBQs)
9. Prior Nexus Letter
10. Prior VA Disability Rating Decisions

**Medical Diagnosis**

The veteran has been formally diagnosed with the following condition(s):

1. [Condition 1, e.g., PTSD, Sleep Apnea] (ICD-10 Code: \_\_\_\_\_\_)
2. [Condition 2, if applicable]

**Independent Medical Opinion**

It is my professional independent medical opinion that it is **at least as likely as not** that the veteran’s diagnosed condition(s) is/are related to or aggravated by their military service.

**Rationale for Independent Medical Opinion**

**Condition 1: [Name of Condition]**

* The veteran’s service treatment records document [specific symptoms, injuries, or diagnoses] during active duty, including [specific dates and details].
* Post-service medical records demonstrate continuity of symptoms and treatment following discharge.
* Recent medical research, including [cite studies or journals, e.g., Journal of Military Medicine, 2023], supports the association between [specific condition] and [specific exposures or injuries related to military service].

**Condition 2 (if applicable): [Name of Condition]**

* The veteran’s medical history indicates [describe evidence, e.g., repeated complaints of joint pain or insomnia].
* I observed clinical signs consistent with [condition] during my physical examination of the veteran.
* Studies and guidelines from [e.g., VA, CDC, National Institutes of Health] validate that this condition may result from or be exacerbated by [specific exposures, injuries, or events during service].

**Supporting Medical Research and BVA Decisions**

The following evidence supports the veteran’s claim:

* Medical studies linking [condition] to [exposure, injury, or event]. Example: [Cite Study/Source 1].
* Medical studies linking [condition] to [exposure, injury, or event]. Example: [Cite Study/Source 2].
* Board of Veterans’ Appeals (BVA) decisions that have previously granted service connection for similar conditions under comparable circumstances. Example: [BVA Citation Number 1].
* Board of Veterans’ Appeals (BVA) decisions that have previously granted service connection for similar conditions under comparable circumstances. Example: [BVA Citation Number 2].

**Conclusion**

Based on my detailed review of the veteran’s medical evidence and records, current medical research, BVA decisions, and my own clinical experience, I conclude that it is **at least as likely as not** that the veteran’s [specific condition] is due to their military service. The evidence provided supports this conclusion through documentation of symptoms during service, post-service continuity, and scientific studies validating such associations.

I certify that the above independent medical opinion is given with a reasonable degree of medical certainty and is consistent with the standards of medical practice in my field.

Should you require any additional information or clarification, please feel free to contact me directly.

Sincerely,

[Provider’s Name, Credentials]

[Title and Specialty]

[Contact Information]

**Enclosures:**

[Provider’s CV]

[List Supporting Documents]

[Medical Research Articles]

[BVA Decisions]