

Nexus Letter – Sample PDF

Date: January 15, 2025

To Whom It May Concern:
Department of Veterans Affairs

RE: Nexus Letter for [Veteran Name] – Service Connection Claim

I, Dr. [Physician Name], MD, am a licensed physician with 15 years of experience in [specialty]. I have reviewed the medical records and service history of [Veteran Name], DOB: [Date], SSN: [Last 4 digits].

Medical Opinion

It is my professional opinion, to at least a 51% degree of probability, that the veteran's current diagnosis of [Condition] is related to their active military service from [Start Date] to [End Date].

Basis for Opinion

1. Review of service medical records dated [Date]
2. Review of current treatment records from [Facility]
3. In-person examination conducted on [Date]
4. Medical literature supporting the nexus between [Event] and [Condition]

Rationale

During the veteran's service, they were exposed to [stressor/event]. Current medical research indicates a well-established link between [exposure/event] and [condition]. The veteran's symptoms are consistent with this diagnosis and timeline.

Conclusion

Based on the above findings, it is my medical opinion that [Condition] is at least as likely as not caused by or related to the veteran's military service.

Sincerely,

Dr. [Physician Name], MD

[License Number]

[Clinic / Hospital Name]

[Phone] | [Email]