

Nexus Letter Request

Use this to request a medical opinion from a private physician.

Important — read first

The phrase that matters: a nexus letter must use the language *'at least as likely as not'* (50% probability or greater). Letters that hedge with 'possibly,' 'could be related,' or 'may be associated with' are usually rejected. Send this template to your physician along with copies of relevant medical records.

Cover letter to your physician

(Print this on top of your records. Customize the bracketed fields. Detach this page before submitting the final letter to the VA — what the VA needs is the doctor's letter, not your request.)

Dear Dr. [PHYSICIAN NAME],

I am [VETERAN NAME], a U.S. military veteran filing a disability compensation claim with the Department of Veterans Affairs (VA). I am respectfully requesting a written medical opinion (commonly called a "nexus letter") to support my claim.

The VA requires the opinion to use specific legal language. Below is a template you can adapt. Your professional opinion and clinical reasoning are what matter — the format simply ensures the VA accepts the letter.

WHAT THE VA NEEDS YOU TO ADDRESS:

1. Your professional qualifications (degree, board certifications, specialty, years in practice).
2. The records you reviewed (please list specifically — service treatment records, VA records, prior C&P; exams, imaging, etc.).
3. My current diagnosis: [CONDITION].
4. The in-service event, injury, or exposure I am claiming: [BRIEF DESCRIPTION].
5. Your medical opinion using this exact phrase:
"It is at least as likely as not (50 percent probability or greater) that [VETERAN]'s [CONDITION] is causally related to [or, was aggravated by] [the in-service event/exposure described above]."

For secondary claims:

"It is at least as likely as not that [VETERAN]'s [SECONDARY CONDITION] was caused or aggravated by [his/her] service-connected [PRIMARY CONDITION]."

6. The medical rationale supporting your opinion. Reference specific records, clinical findings, and (where appropriate) peer-reviewed medical literature. The rationale is what makes the opinion persuasive.

I have enclosed copies of my records for your review. I am prepared to pay any standard fee for your professional time. Thank you for considering this request.

Sincerely,

[VETERAN NAME]

[ADDRESS]

[PHONE]

[EMAIL]

Sample nexus letter — for the physician's reference

(Below is a model letter. The doctor should adapt the language to their own clinical judgment and writing style. The structural elements — qualifications, records reviewed, the magic phrase, and the rationale — are what matter to the VA.)

[PHYSICIAN LETTERHEAD]

[DATE]

To Whom It May Concern at the Department of Veterans Affairs:

RE: [VETERAN FULL NAME], DOB [REDACT OR PROVIDE]

PROFESSIONAL QUALIFICATIONS:

I am a [board-certified] [SPECIALTY] physician licensed to practice in [STATE]. I received my medical degree from [INSTITUTION] in [YEAR] and have practiced [SPECIALTY] for [N] years. My CV is attached.

RECORDS REVIEWED:

In forming this opinion, I reviewed the following records: [list specifically — Service Treatment Records dated [DATES], private medical records from [PROVIDERS] dated [DATES], VA C&P; exam dated [DATE], imaging studies including [LIST], and the veteran's pain log entries from [DATES]].

PATIENT'S CURRENT DIAGNOSIS:

[VETERAN] has a current diagnosis of [DIAGNOSIS] supported by [clinical findings, imaging, etc.].

OPINION:

It is at least as likely as not (50 percent probability or greater) that [VETERAN]'s [CONDITION] is causally related to [the in-service event/exposure: describe specifically].

[For secondary claims:] It is at least as likely as not that [VETERAN]'s [SECONDARY CONDITION] was caused or aggravated by [his/her] service-connected [PRIMARY CONDITION].

RATIONALE:

[2–4 paragraphs explaining the medical reasoning. Reference specific records. Cite peer-reviewed literature where applicable. Address any contrary findings in the existing record. Explain the timeline of symptom onset and progression. Discuss how the in-service event fits the known clinical course of the condition.]

Should the VA require additional information or clarification, I am available at [PHONE] or [EMAIL].

Sincerely,

[PHYSICIAN SIGNATURE]

[PHYSICIAN NAME, DEGREE, CREDENTIALS]

License #[NUMBER]

Board Certifications: [LIST]