G-14 Nexus Letter Example

Do NOT fill out the fields below. Make note of all the needed information, then reformat it and refer to the terms mentioned in the course that validate your claim. The bottom of your Nexus Letter should be signed by a Healthcare Professional.

Todays Date:_____

Veterans Name:_____

VA File Number/SSI:_____

I am Dr. _____ . I am board certified to practice in the medical field. Thus, my credentials are included onto the file submitted. My veteran patient named_____ has requested that I share my remarks regarding their _____ condition.

Upon the review of his/her medical history I have noted his circumstances and instances related to his/her _____ service on the date of_____.

After several medical appointments I have examined the veteran's condition and have documented the _____ condition from the date of _____ to the date of _____ . His/Her's diagnosis is _____

My professional opinion is the veteran _____ will need the following treatment plan of _____ .

Dr: _____

Signature _____ Date:_____