



Medical Nexus Letter Template

For licensed clinicians providing an opinion on whether a condition is related to military service.

This template is guidance only. Clinicians should use their own judgment and language. Avoid boilerplate; provide a clear medical rationale.

1) Provider Information

Provider Name & Credentials	Specialty
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License # / State	NPI
.....
Practice Address	
.....	
Phone	Email
.....

2) Patient Information

Patient Name	Date of Birth
.....
Last 4 (or File #)	
.....	

3) Records Reviewed

Check or list the evidence reviewed for this opinion.

- Service treatment records (STRs)
- VA medical records
- Private medical records
- Lay/buddy statements
- Imaging/lab results

Other (describe)

4) Current Diagnoses

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5) Medical Opinion

Select one likelihood statement and provide a rationale in Section 6.

- It is **at least as likely as not** ($\geq 50\%$ probability) that the patient's condition is related to military service.
- It is **less likely than not** ($< 50\%$ probability) that the condition is related to military service.
- The condition was **aggravated beyond its natural progression** by a service-connected condition.

6) Rationale

Explain the medical reasoning, referencing records, exam findings, and accepted principles. Address alternative causes if applicable.

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7) Signature

Provider Signature

Printed Name & Credentials

Date

License # / State