



[DATE]

Department of Veterans Affairs

[VA Regional Office Address]

[City, State ZIP Code]

[VETERAN'S NAME]

[VETERAN'S SSN or VA FILE NUMBER]

Dear Department of Veterans Affairs:

I am writing this letter to provide my professional medical opinion regarding the connection between [VETERAN'S NAME]'s currently diagnosed [CURRENT DIAGNOSIS] and [his/her] military service. As a licensed [PHYSICIAN'S SPECIALTY] who has been treating [VETERAN'S NAME] for [LENGTH OF TIME], I am thoroughly familiar with [his/her] medical history and current condition.

After carefully reviewing [VETERAN'S NAME]'s service records, medical history, and current medical condition, it is my professional opinion that it is at least as likely as not (50%



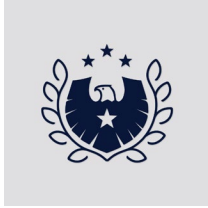
probability or greater) that [his/her] [CURRENT DIAGNOSIS] is caused by, aggravated by, or otherwise related to [his/her] military service.

[Provide a brief explanation of the rationale behind the opinion, including any relevant in-service events, injuries, or exposures, and how they relate to the current diagnosis.]

[Discuss any relevant medical literature or studies that support the connection between the current diagnosis and military service.]

In summary, based on my comprehensive understanding of [VETERAN'S NAME]'s medical history and current condition, as well as my expertise in [PHYSICIAN'S SPECIALTY], I firmly believe that [his/her] [CURRENT DIAGNOSIS] is directly related to [his/her] military service.

Please consider this letter as my professional medical opinion in support of [VETERAN'S NAME]'s claim for VA disability benefits. If you require any additional information or clarification, please do not hesitate to contact me.



Sincerely,

[PHYSICIAN'S SIGNATURE]

[PHYSICIAN'S NAME]

[MEDICAL DEGREE]

[MEDICAL LICENSE NUMBER]

[CONTACT INFORMATION]