4 April 2025

Veteran’s Name

Address

City, State, and Zip Code

Department of Veterans Affairs

Attention: [Medical Review Team]

Address

City, State, and Zip Code

**Reference:** Secondary Service Connection Request - Medical Nexus Documentation

Dear VA Claims,

I'm submitting a claim for secondary service connection, and I'd like to work with your team to ensure we have all the medical evidence needed to properly evaluate this connection.

**Primary Condition Foundation:** As your records show, I have an established service-connected rating of [X%] for [primary condition]. This has been well-documented in my file since [date].

**Secondary Condition Development:** My medical team has identified a clear connection between my service-connected [primary condition] and my newly developed [secondary condition]. I'd like to share this medical evidence with your review team.

**Medical Nexus Documentation:** My healthcare providers have documented the following connection:

• Timeline: [secondary condition developed X months/years after primary condition]

• Medical causation: [how primary condition led to secondary condition]

• Professional medical opinion: [doctor's nexus statement with medical reasoning]

• Treatment correlation: [how treating primary condition affects secondary condition]

**Supporting Medical Evidence:** To assist your medical review team, I'm including:

• Complete medical records showing condition progression

• Specialist evaluations confirming the medical connection

• Treatment records demonstrating the relationship between conditions

• Functional assessment showing combined impact

**Collaborative Evaluation Request:** I understand your medical review team needs clear evidence of causation to establish secondary service connection. I've worked with my healthcare providers to document this connection thoroughly, and I'm confident this evidence will support a positive determination.

If your review team needs additional medical documentation or clarification on any aspect of this nexus, please let me know. I'm committed to providing whatever information will help you complete a thorough and accurate evaluation.

Thank you for your expertise in reviewing complex medical connections.

Respectfully submitted,

Signature

[Veteran's Printed Name]

[contact information]

**Attachments:**

List all documents (*examples below*)

Doctor’s letter

Civilian medical documents

Buddy statement