**[Healthcare Provider's Name, M.D./D.O./Ph.D.]**  
[Medical Specialty]  
[Practice/Hospital Name]  
[Address]  
Phone: [Phone Number] | Email: [Email Address]  
License #: [License Number and State]

[Date]

Department of Veterans Affairs  
RE: [Veteran's Full Name]  
VA File Number: [VA File Number if available]  
SSN: [Last 4 digits of SSN]

**SUBJECT: Medical Opinion Regarding Service Connection for [Name of Condition(s)]**

To Whom It May Concern:

I am writing this letter on behalf of [Veteran's Name], whom I have been treating since [date of first treatment] for [condition(s)]. I am a [type of medical provider] with [number of years] years of experience in [area of medical specialty].

Review of Records:

I have reviewed the following records to form my opinion:

* [List service treatment records reviewed]
* [List private medical records reviewed]
* [List VA medical records reviewed]
* [Any other relevant records]

Current Diagnosis:

Based on my examination and review of records, I confirm that [Veteran's Name] has been diagnosed with [specific diagnosis using proper medical terminology]. This diagnosis is supported by the following clinical findings, test results, and symptoms:

* [Specific clinical findings]
* [Test results]
* [Current symptoms and their severity]

Medical History and In-Service Event/Exposure:

According to the records and the veteran's account, [Veteran's Name] experienced [describe relevant in-service injury, event, exposure, or onset of symptoms] during active military service on or around [date or timeframe] while serving as a [military occupation].

Medical Opinion and Rationale:

After a thorough examination of [Veteran's Name] and careful review of the medical records, it is my professional medical opinion that the veteran's current diagnosed condition of [condition] is [select one: "at least as likely as not (50% or greater probability)" / "more likely than not (greater than 50% probability)" / "highly likely (70% or greater probability)"] related to the [injury/event/exposure] that occurred during active military service.

This opinion is based on the following medical rationale:

1. [Explain how the medical condition is consistent with the type of injury/event/exposure reported]
2. [Cite any relevant medical literature or studies that support the connection]
3. [Explain the pathophysiology that connects the in-service event to the current condition]
4. [Address any relevant timeline of symptom progression]
5. [Rule out or address other potential causes if applicable]

Functional Impact:

This condition impacts the veteran's daily functioning in the following ways:

* [Describe limitations on activities of daily living]
* [Describe impact on work capacity and limitations]
* [Describe pain levels and frequency]

In conclusion, based on my professional medical judgment, training, and experience, I find that [Veteran's Name]'s currently diagnosed [condition] is [restate probability language used above] connected to the [event/injury/exposure] that occurred during active military service.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Provider's Full Name, Credentials]  
[Title/Position]  
[Medical License Number]