

**SAMPLE LETTER — FICTIONAL VETERAN — FOR DEMONSTRATION PURPOSES ONLY**

January 15, 2026

**RE: Independent Medical Opinion**

Veteran: James R. Mitchell

DOB: April 22, 1987

Branch: United States Army

Active Duty: June 2008 to March 2012

Discharge: Honorable

Condition: Bilateral Tinnitus (Direct Service Connection)

**I. PHYSICIAN QUALIFICATIONS**

I, [Physician Name Redacted], [Degree], am board-certified in [Specialty Redacted] through [Board Redacted]. I hold an active medical license in [State Redacted] (License #[Redacted]) with NPI [Redacted]. I have no treatment relationship with this veteran. This letter is an independent medical opinion prepared for the purpose of his VA disability claim.

**II. METHODOLOGY**

An in-person or telehealth examination is not required for an independent medical opinion. The VA accepts medical opinions based on thorough record review, and this methodology is consistent with standard medical practice for rendering expert opinions. See *Nieves-Rodriguez v. Peake*, 22 Vet. App. 295 (2008), which held that the probative value of a medical opinion is determined by whether the opinion is factually accurate, fully articulated, and supported by sound reasoning.

**III. RECORDS REVIEWED**

I reviewed the veteran's DD-214, service treatment records including enlistment and separation physicals, his Post-Deployment Health Reassessment (June 2011), a VA audiology consultation by Dr. Karen Liu (September 2025), and the veteran's personal statement regarding tinnitus onset and progression (December 2025).

**IV. RELEVANT HISTORY**

Mr. Mitchell served on active duty in the United States Army from June 2008 to March 2012. His DD-214 confirms his MOS as 11B, Infantryman. He completed one combat deployment to Kunar Province, Afghanistan from October 2010 to May 2011 and was awarded the Combat Infantryman Badge.

The DoD Duty MOS Noise Exposure Listing classifies MOS 11B as having a "high" probability of noise exposure. As an infantryman in a combat zone, Mr. Mitchell was routinely exposed to high-intensity impulse and sustained noise from small arms fire, crew-served weapons, IEDs, mortar fire, and military vehicle engines. His June 2011 PDHRA documents exposure to "loud noises such as weapons fire, explosions, aircraft engines, or other loud equipment."

Mr. Mitchell's service treatment records do not contain a complaint of tinnitus during active duty. His separation physical notes no audiological complaints. In his personal statement, he reports that he first noticed persistent ringing in both ears during deployment but considered it normal for the environment. He states the ringing has been continuous since that time, is present daily, and has progressively worsened.

## V. CURRENT DIAGNOSIS

Bilateral tinnitus, diagnosed by Dr. Karen Liu, AuD, on September 8, 2025 following audiological evaluation. Dr. Liu documented constant, bilateral, high-pitched ringing consistent with noise-induced tinnitus. Puretone audiometry revealed mild high-frequency sensorineural hearing loss bilaterally at 4000 Hz and 6000 Hz, consistent with a noise-induced pattern.

## VI. MEDICAL REASONING AND RATIONALE

Noise-induced tinnitus results from damage to the cochlear hair cells caused by exposure to high-intensity sound. Impulse noise from weapons fire and explosions is particularly damaging, with peak sound pressure levels exceeding 170 dB capable of causing immediate and irreversible cochlear injury (Institute of Medicine, Noise and Military Service, 2006). The damage triggers aberrant neuronal signaling in the auditory cortex that the brain perceives as a phantom sound.

Mr. Mitchell's noise exposure is well established. His MOS is classified as high probability for noise exposure, he served in a direct combat role, was awarded the CIB, and his PDHRA confirms exposure to weapons fire and explosions. As a combat veteran, his lay testimony regarding noise exposure is accepted under 38 U.S.C. § 1154(b).

The absence of a tinnitus complaint in service treatment records does not weaken the nexus. Active-duty service members routinely tolerate auditory symptoms without reporting them, particularly in combat environments. The Institute of Medicine has specifically noted that noise-induced cochlear damage can manifest as tinnitus even when audiometric thresholds remain within normal limits, and that delayed reporting is common. Mr. Mitchell's audiogram showing bilateral high-frequency sensorineural hearing loss at 4000 and 6000 Hz is the classic noise-induced pattern, corroborating his reported exposure.

I considered alternative causes. The records contain no evidence of post-service occupational noise exposure, ototoxic medication use, otologic surgery, or other conditions that would account for his tinnitus. There is no family history of hearing loss. The onset is temporally and causally linked to documented in-service noise exposure.

## VII. OPINION

**Based on my review of the records identified above, the relevant medical literature, and my clinical training and experience, it is my independent medical opinion that Mr. Mitchell's bilateral tinnitus is at least as likely as not (50% or greater probability) caused by acoustic trauma sustained during active military service, including combat noise exposure during his deployment to Afghanistan.**

This opinion is supported by his confirmed high-noise MOS, combat deployment with CIB, PDHRA-documented noise exposure, audiometric findings consistent with noise-induced hearing loss, continuous symptoms since service, and the absence of any competing etiology.

### VIII. REFERENCES

1. Institute of Medicine. Noise and Military Service: Implications for Hearing Loss and Tinnitus. National Academies Press, 2006.
2. Henry JA, et al. General review of tinnitus. J Rehabil Res Dev. 2005;42(4 Suppl 2):1-19.

Respectfully submitted,

*[Physician Signature Redacted]*

**[Physician Name Redacted], [Degree]**  
[Board Certification Redacted]  
[State Medical License Redacted]  
[NPI Redacted]

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*This letter constitutes an independent medical opinion and does not establish a physician-patient relationship.*  
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