

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Consulate/Embassy Name]
[Consulate/Embassy Address]
[City, State, Zip Code]

Dear Sir/Madam,

Subject: Medical Treatment Visa Application for [Patient's Full Name]

I am writing to support the visa application of [Patient's Full Name], who is seeking medical treatment in [Country/City] for [specific medical condition].

[Patient's Full Name] has been diagnosed with [medical condition] and requires treatment that is not available in [Home Country]. The proposed treatment plan includes [brief description of treatment] at [Name of Hospital or Clinic], where Dr. [Doctor's Name] is the attending physician.

The anticipated duration of treatment is [duration], and we plan to stay in [Country] from [start date] to [end date]. We have arranged accommodation at [accommodation address] during our stay.

We kindly request that you grant the necessary visa for [Patient's Full Name] to receive the required medical assistance. Attached are the necessary medical documents, appointment confirmation, and any additional information needed for the application.

Thank you for your consideration.

Sincerely,

[Your Name]
[Your Signature] (if submitting a hard copy)
[Your Relationship to the Patient]
[Your Position/Title, if applicable]