

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

Subject: Request for GX Visa for Medical Purposes

Dear [Consul General/Embassy Official's Name],

I am writing to formally request a GX visa for medical purposes. I am seeking medical treatment at [Name of Hospital/Clinic] located in [City, Country], and have been referred by my physician, [Physician's Name], who specializes in [Specialty].

I have included supporting documents with this letter, including:

1. Letter of recommendation from my physician
2. Proof of appointment at [Hospital/Clinic]
3. Medical records related to my condition
4. Financial documents to support my stay
5. Passport copy

I request that you kindly consider my application favorably. Thank you for your attention to this urgent matter.

Sincerely,

[Your Name]

[Signature if sending a hard copy]