

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

[Consulate/Embassy Name]
[Consulate/Embassy Address]
[City, State, Zip Code]

Subject: Visa Application for Medical Reasons

Dear Sir/Madam,

I am writing to formally apply for a visa to [destination country] on medical grounds. I have been advised by my healthcare provider to seek treatment for [specific medical condition] that is not available in my home country.

Attached, please find the necessary documents, including:

1. A letter from my doctor outlining my medical condition and the required treatment.
2. Medical records pertinent to my condition.
3. Proof of appointment with a specialist in [destination country].
4. Financial statements to demonstrate my ability to cover treatment and related expenses.

I kindly request your consideration of my application and would be grateful for any assistance you can provide.

Thank you for your attention to this matter.

Sincerely,

[Your Name]