

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

[Recipient's Name]  
[Recipient's Title/Organization]  
[Recipient's Address]  
[City, State, ZIP Code]

Subject: No Objection Letter for Medical Purposes

Dear [Recipient's Name],

I, [Your Name], hereby confirm that I have no objection to [Patient's Name], who is under my care/treatment, receiving necessary medical attention from [Healthcare Provider/Hospital Name].

This letter serves to affirm that the medical treatment sought is crucial for the health and well-being of [Patient's Name].

Please feel free to reach out to me should you require any further information or clarification.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Name]  
[Your Title/Position]  
[Your Medical License Number (if applicable)]  
[Your Affiliation/Organization (if applicable)]