

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

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

Subject: Application for Medical Visa

Dear Sir/Madam,

I am writing to formally request a medical visa to [Country Name] for the purpose of receiving medical treatment.

I have been diagnosed with [specific medical condition] and require specialized treatment that is available in [Country Name]. My treating physician, Dr. [Physician's Name], at [Hospital/Clinic Name] has recommended [specific procedures/treatments] scheduled for [dates].

Attached to this letter, you will find the following documents to support my application:

1. A medical report from Dr. [Physician's Name].
2. A letter of appointment from [Hospital/Clinic Name].
3. A copy of my passport.
4. Proof of financial means to cover my medical expenses.
5. Any additional relevant documents.

I kindly request your assistance in processing my medical visa application at your earliest convenience. Should you require any further details or documents, please feel free to contact me.

Thank you for your consideration.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]