

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Recipient Title/Position]  
[Recipient Organization]  
[Organization Address]  
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Request for Urgent Treatment Approval

I am writing to formally request approval for urgent treatment for [Patient Name], who has been diagnosed with [specific medical condition]. Given the severity of the situation and the potential for [describe risks or complications], it is critical that the necessary treatment begins as soon as possible.

[Patient Name], age [age], has experienced [brief description of symptoms and progression of the condition]. After thorough evaluations by [mention healthcare professionals involved], it has been determined that [specific treatment or procedure] is the most appropriate course of action. The necessity for rapid intervention is underscored by [provide evidence, such as test results, doctor's recommendations, or urgency of the condition]. Delay in treatment may lead to [describe potential negative outcomes].

I kindly ask for your prompt consideration of this request to authorize the treatment. Please let me know if you require any additional information or documentation to facilitate this urgent approval.

Thank you for your attention to this matter.

Sincerely,

[Your Name]  
[Your Position, if applicable]  
[Your Relationship to Patient, if applicable]