

[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 Visit Visa

Dear Sir/Madam,

I am writing to formally apply for a medical visit visa to [Country Name]. I intend to visit [Hospital/Clinic Name] in [City, Country] for [specific medical treatment or consultation] starting on [anticipated date].

I have attached the following documents to support my application:

1. Completed visa application form
2. Valid passport copy
3. Medical invitation letter from [Hospital/Clinic Name]
4. Proof of financial means
5. Any additional required documents

I kindly request your assistance in processing my application at your earliest convenience. Should you require any additional information, please do not hesitate to contact me.

Thank you for your attention to my application.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]