

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

[Consulate General of Uganda]  
[Consulate Address]  
[City, State, ZIP Code]

Subject: Application for Medical Visa

Dear Sir/Madam,

I am writing to formally request a medical visa for Uganda for myself [or my patient, if applicable], [Patient's Name], who requires urgent medical treatment.

Patient's Name: [Full Name]

Date of Birth: [DOB]

Passport Number: [Passport Number]

Current Address: [Patient's Address]

Treatment Details:

The patient has been diagnosed with [medical condition] and requires specialized treatment at [Name of Hospital/Clinic] in [City, Uganda]. The expected duration of stay is [duration] from [start date] to [end date]. Attached to this letter are the necessary documents, including:

1. A copy of the patient's passport
2. A letter from the medical institution in Uganda
3. Medical records and reports
4. Proof of accommodation arrangements
5. Proof of financial means

We hope for your prompt assistance in processing this medical visa application to facilitate timely treatment.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Relationship to the Patient, if applicable]

[Your Signature (if sending a hard copy)]