

# Follow-Up on Medical License Extension Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

To Whom It May Concern,

I hope this message finds you well. I am writing to follow up on my previous request for an extension of my medical license, submitted on [insert date of original request]. As the expiration date is approaching, I wanted to ensure that my application is being processed and to see if there are any updates regarding its status.

I understand that there may be processing times involved, but I would greatly appreciate any information you can provide. My medical practice is essential to my patients and I am eager to maintain my licensure without interruption.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]