

Medical Procedure Approval Request

Sender's Name: [Your Name]

Sender's Address: [Your Address]

Date: [Date]

Receiver's Name: [Doctor/Insurance Company Name]

Receiver's Address: [Doctor/Insurance Company Address]

Dear [Receiver's Name],

I am writing to formally request approval for a medical procedure that has been recommended by my healthcare provider, Dr. [Doctor's Name]. The procedure, [Name of Procedure], is critical for my health due to [brief explanation of medical necessity].

The following details outline the necessity of the procedure:

- **Diagnosis:** [Your Diagnosis]
- **Recommended Procedure:** [Name of Procedure]
- **Reason for Procedure:** [Brief Explanation]
- **Estimated Cost:** [Approximate Cost]

Enclosed are the necessary documents, including my medical records, Dr. [Doctor's Name]'s recommendation, and any other relevant information pertaining to this request.

I appreciate your attention to this matter and hope for a prompt response regarding the approval of this procedure. Please feel free to contact me at [Your Phone Number] or [Your Email] if you require any further information.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Contact Information]