

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Position]

[Agency/Organization Name]

[Agency Address]

[City, State, Zip Code]

Subject: Request for Border Crossing Permission Due to Medical Reasons

Dear [Recipient's Name],

I am writing to formally request permission to cross the border due to urgent medical reasons. My name is [Your Name], and I am a resident of [Your Country/Region]. I have been advised by my physician, [Doctor's Name], to seek immediate treatment for [brief description of the medical condition] at [medical facility name] located in [destination country/region].

The treatment is critical to my health and well-being, and the facility specializes in [specialized care or treatment]. I have attached supporting medical documents from my physician to this letter for your review.

I kindly ask for your assistance in granting me the necessary permission to cross the border at the earliest possible date to facilitate my treatment. I am aware of the current border crossing regulations and assure you that I will adhere to all guidelines during my transit.

Thank you for considering my request. I am hopeful for a prompt response, and I am available to provide any additional information needed to support my application.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]