

Formal Appeal for Treatment Delay Resolution

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Healthcare Institution's Name]

[Institution's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal the delay in treatment I have experienced regarding my medical condition, [briefly describe your condition]. The delay has significantly impacted my health and well-being.

On [date of initial appointment], I was referred for [specific treatment or procedure] which was scheduled for [original treatment date]. However, I have been informed that my treatment has been postponed until [new date]. This extended wait poses serious risks to my health and has caused me considerable distress.

As a patient, I believe that timely access to necessary medical treatment is a fundamental right. I kindly request a review of my case and a prompt resolution to facilitate my treatment without further delay. I am prepared to provide any documentation or further information required to assist in this matter.

Thank you for your immediate attention to this important issue. I look forward to your prompt response.

Sincerely,

[Your Name]