

Embassy of [Country]

[Embassy Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Date: [Insert Date]

Subject: Travel Authorization for Medical Treatment

To Whom It May Concern,

This letter serves to formally authorize [Recipient's Name], holder of passport number [Passport Number], to travel to [Destination Country] for the purpose of receiving medical treatment. The intended dates of travel are from [Start Date] to [End Date].

We have verified that the recipient requires urgent medical attention that cannot be provided adequately within [Home Country]. The medical facility in [Destination Country] is renowned for its specialized care in [specific medical condition or treatment].

We kindly request that all necessary assistance be provided to [Recipient's Name] during this travel period. Should you require any further information or documentation, please do not hesitate to contact us at [Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]