# **Application for Extended Medical Treatment Visa**

To Whom It May Concern,

I am writing to formally request an extended medical treatment visa for [Patient's Full Name], who has been receiving medical care in [Country]. Due to the ongoing nature of their medical treatment, we wish to extend their visa to ensure they can continue their necessary healthcare without interruption.

#### **Patient Details**

• **Full Name:** [Patient's Full Name]

• Date of Birth: [DOB]

• **Passport Number:** [Passport Number]

#### **Medical Treatment Details**

[Provide a brief overview of the medical condition and treatment required, including relevant medical reports or recommendations from healthcare professionals.]

## **Duration of Stay**

We respectfully request an extension for a period of [**Duration**] to allow complete and effective treatment.

### **Support Documents**

Attached are the supporting documents, including:

- Medical reports from [Doctor's Name, Hospital]
- Current visa details
- Proof of funds for healthcare and living expenses

Thank you for considering this application. We hope for a positive response at your earliest convenience.

Sincerely,
[Your Full Name]
[Your Relationship to Patient]
[Contact Information]
[Date]