

# Letter of Medical Treatment Visa Application

**Date:** [Insert Date]

**To:** [Insert Immigration Office/Consulate Name]

[Insert Address]

[Insert City, State, Zip Code]

Dear Sir/Madam,

I am writing to formally apply for a Medical Treatment Visa to assist in my upcoming medical procedure. My name is [Your Full Name], and I am a citizen of [Your Country]. My passport number is [Your Passport Number].

I have been diagnosed with [briefly describe your medical condition] and have been advised by my doctor, [Doctor's Name], to seek treatment at [Name of Hospital/Clinic] located in [City, Country]. This treatment is scheduled for [Insert Date].

Enclosed with this letter are the following documents to support my application:

- Copy of my passport
- Medical reports and diagnosis
- Appointment confirmation from [Hospital/Clinic Name]
- Proof of financial means for medical expenses
- Proof of accommodation during my stay

I kindly request you to process my visa application at your earliest convenience. I am looking forward to receiving your positive response so that I may proceed with the necessary arrangements for my medical treatment.

Thank you for your attention to this important matter. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information.

Sincerely,

[Your Full Name]

[Your Address]

[Your City, State, Zip Code]