

To,

The Consulate General,
[Embassy Name]
[Embassy Address]
[City, State, Zip Code]

Date: [DD/MM/YYYY]

Subject: Application for Medical Visa

Dear Sir/Madam,

I am writing to apply for a medical visa to [Country Name] for the purpose of receiving medical treatment. My name is [Your Full Name], and I am a resident of [Your Address]. I have been diagnosed with [Medical Condition] and require specialized treatment that is not available in my home country.

I have attached the following documents to support my application:

- Copy of Passport
- Medical Reports
- Appointment Confirmation from Hospital/Clinic
- Proof of Financial Means
- Travel Itinerary

I request your kind consideration of my application and a favorable response at your earliest convenience. I assure you of my adherence to all regulations and requirements during my stay in [Country Name].

Thank you for your attention to this matter.

Sincerely,
[Your Name]
[Your Contact Number]
[Your Email Address]