

# Travel Medical Visa Application

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally apply for a Travel Medical Visa for the purpose of seeking medical treatment in [Destination Country]. My name is [Your Name], and I am a citizen of [Your Country]. I have been advised by my medical professionals to seek specialized treatment available at [Name of Medical Institution] in [City, Country].

Details of my medical condition are as follows:

- Diagnosis: [Insert Diagnosis]
- Recommended Treatment: [Insert Treatment]
- Duration of Treatment: [Insert Duration]

I have attached the necessary documents, including:

- Medical reports from [Your Doctor's Name/Medical Institution]
- Appointment confirmation from [Name of Medical Institution]
- Proof of financial means for my stay in [Destination Country]

I kindly request that you process my application at your earliest convenience, as my treatment is time-sensitive. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]