

# Humanitarian Visa Request for Medical Assistance

**Date:** [Insert Date]

**Your Name:** [Insert Your Name]

**Your Address:** [Insert Your Address]

**Your City, State, Zip Code:** [Insert City, State, Zip Code]

**Email:** [Insert Your Email]

**Phone Number:** [Insert Your Phone Number]

## To Whom It May Concern,

I am writing to formally request a humanitarian visa for medical assistance on behalf of [Patient's Name], a [Patient's Age] year old [Male/Female] residing in [Country]. Due to [briefly explain medical condition], [Patient's Name] urgently requires medical treatment that is unavailable in [his/her] home country.

The recommended medical procedure involves [briefly describe procedure] and must be conducted by [Doctor's Name or Hospital Name] located in [City, Country]. The cost of treatment is approximately [Insert Cost], and we are seeking support to facilitate this urgent medical care.

We have attached relevant medical documents, including a referral letter from [referring doctor/hospital] and details outlining the necessity for immediate intervention.

Your assistance in granting a humanitarian visa to [Patient's Name] would be immensely appreciated, as it would enable [him/her] to receive critical medical attention without further delay.

Thank you for considering this urgent request. We are hopeful for a positive response.

**Sincerely,**

[Your Name]

[Your Relationship to Patient]