

Embassy of [Country]

[Date]

To Whom It May Concern,

Subject: Request for Visa Category Change for Medical Treatment

My name is [Your Full Name], bearing passport number [Your Passport Number]. I am currently residing in [Current Location] and hold a [Current Visa Type] visa set to expire on [Expiration Date]. I am writing to formally request a change of my visa category to [Desired Visa Type] due to urgent medical treatment required.

I have been referred to [Medical Institution Name] located in [City, Country] for medical treatment for [Medical Condition]. Attached are the relevant medical documents, appointment letters, and other supporting documents for your reference.

I understand the importance of adhering to visa regulations and assure you that my intention is to comply fully with the requirements set forth by your esteemed embassy. I kindly request your assistance in this matter to facilitate my medical care.

Thank you for your attention to this important issue. I look forward to your prompt response.

Sincerely,

[Your Full Name]

[Your Address]

[Your Phone Number]

[Your Email Address]