

# Health Care Approval Letter

Date: [Insert Date]

[Your Clinic/Hospital Name]

[Your Clinic/Hospital Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

To Whom It May Concern,

This letter is to confirm that [Patient's Name], born on [Patient's Date of Birth], is under my care at [Clinic/Hospital Name]. After thorough evaluation, I am pleased to provide approval for the necessary health care services that [he/she/they] will require.

[Patient's Name] has been diagnosed with [Brief Description of Medical Condition], and it is essential for [him/her/them] to receive ongoing treatment and medication during [his/her/their] intended stay abroad.

This approval includes, but is not limited to, [provide details of treatments, medications, and care required]. It is critical that these health care services are maintained for the well-being of the patient during their time in [Country].

If you require any further information or documentation, please do not hesitate to contact my office.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your License Number]

[Your Signature (if sending a physical copy)]