

Healthcare Provider Statement

Date: [Insert Date]

Patient Name: [Patient's Full Name]

Patient Address: [Patient's Address]

To Whom It May Concern,

This letter serves as a formal statement from [Healthcare Provider's Name], a licensed healthcare provider at [Healthcare Facility Name]. I am writing to confirm that [Patient's Full Name] has been under my care since [Start Date of Treatment].

[Patient's Full Name] has been diagnosed with [Diagnosis] and is currently receiving treatment for this condition. This treatment involves [Brief Description of Treatment or Care Plan].

It is important for [Patient's Full Name] to continue their treatment to maintain their health, and as such, I recommend that they are given the necessary support in relation to their medical care as required by [Relevant Context, e.g., travel, visa application, etc.].

If you require any further information regarding [Patient's Full Name] or their medical condition, please do not hesitate to contact my office at [Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Healthcare Provider's Name]

[Healthcare Provider's Title]

[Healthcare Facility Name]

[Contact Information]