

# Medical Necessity Confirmation

Date: [Insert Date]

[Your Name]

[Your Title]

[Your Medical Practice Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

To Whom It May Concern,

I am writing to confirm that [Patient's Full Name], born on [Patient's DOB], is under my care for [specific medical condition]. Due to this condition, it is necessary for them to travel to [destination country] to receive [specific treatment or consultation] from [name of specialist or medical facility].

This treatment is crucial for their health and well-being, and it is not available in their home country. Therefore, a visa for travel to [destination country] is essential for them to receive the medical attention required.

Please feel free to contact my office should you require any additional information or clarification regarding the medical necessity of this trip.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Medical License Number]