

Medical Support Verification Letter

Date: [Insert Date]

To Whom It May Concern,

This letter is to verify that [Patient's Full Name], born on [Date of Birth], is under my medical care for [Condition/Diagnosis]. Due to [brief explanation of medical condition and any relevant treatment], it is necessary for them to travel to [Destination] for [reason for travel, e.g., specialized treatment, follow-up care].

The anticipated travel dates are from [Start Date] to [End Date]. It is crucial for [Patient's First Name] to receive the necessary medical attention during this period to ensure their health and wellbeing.

If you require any further information or clarification, please do not hesitate to contact my office at [Phone Number] or [Email Address].

Thank you for your attention to this matter.

Sincerely,

[Doctor's Name]

[Medical Title/Profession]

[Medical Institution/Practice Name]

[Address]

[Phone Number]

[Email Address]