

Treatment Approval for International Travel

Date: [Insert Date]

To Whom It May Concern,

This letter serves to confirm that [Patient's Name], born on [Patient's Date of Birth], has been under my care since [Date of First Visit].

After a thorough assessment of [Patient's Name]'s medical condition, I find it necessary for them to receive [specific treatment or procedure] while traveling internationally. This treatment is crucial for [explain necessity of treatment].

Therefore, I approve [Patient's Name] for travel to [Destination] from [Departure Date] to [Return Date]. During this period, appropriate medical supervision will be maintained, and all necessary precautions will be taken to ensure their health and safety.

Please feel free to contact my office at [Phone Number] or [Email Address] for any further information or clarification.

Thank you for your attention to this matter.

Sincerely,

[Doctor's Name]

[Doctor's Title]

[Medical Institution Name]

[Contact Information]