

Endorsement Letter for Treatment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I am writing to formally endorse [Patient's Full Name], who is seeking consular services for their medical treatment abroad. As [his/her/their] [Relationship to the Patient, e.g., physician, guardian], I can confirm that [he/she/they] requires specialized treatment that is not available in [Patient's Home Country].

[Patient's Full Name] has been diagnosed with [Medical Condition] and has been under my care since [Start Date of Treatment]. After a thorough assessment, I recommend treatment at [Name of Hospital/Clinic, Location] which specializes in [Type of Treatment/Procedure]. This treatment is critical for [his/her/their] health and well-being.

Please find attached medical records and additional documentation supporting this endorsement. I kindly ask for your prompt assistance in processing [Patient's Full Name]'s application for consular services to ensure timely access to necessary medical care.

Thank you for your attention to this important matter. If you require further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email].

Sincerely,

[Your Name]

[Your Title/Position]

[Your Organization]

[Your License/Certification Number if applicable]