

# Visa Application Confirmation for Medical Treatment

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm that [Patient's Full Name], holding passport number [Passport Number], has submitted a visa application for medical treatment in [Country]. The purpose of this visit is to receive necessary medical care at [Hospital/Clinic Name].

The details of the medical treatment are as follows:

- **Type of Treatment:** [Type of Treatment]
- **Duration of Stay:** [Duration]
- **Scheduled Appointment:** [Date and Time]

We appreciate your attention to this matter and kindly request the processing of the visa application at your earliest convenience. Please feel free to contact us at [Contact Information] should you require any further information.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Position]

[Hospital/Clinic Name]

[Contact Information]