

Letter of Appeal for Medical Transportation

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally appeal for transportation assistance for my upcoming medical appointments. My name is [Your Name], and I am currently receiving treatment for [Medical Condition] at [Medical Facility Name].

Due to [briefly explain your transportation issues, e.g., mobility challenges, financial struggles, absence of public transport], I am unable to attend my appointments without assistance. These appointments are critical for managing my health, and any delay could significantly impact my treatment.

I kindly request that you consider my situation and provide transportation support for my medical needs. I am scheduled for appointments on [insert appointment dates], and any assistance you could provide would be greatly appreciated.

Thank you for considering my appeal. I look forward to your prompt response.

Sincerely,
[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]