

[Clinic/Hospital Name]

[Clinic/Hospital Address]

[Phone Number]

[Email]

Date:

To Whom It May Concern,

Subject: Medical Visa Referral for [Patient Name]

Dear Sir/Madam,

This is to certify that [Patient Name], [Age], [Gender], holding passport number [Passport Number], has been under my care at [Clinic/Hospital Name].

Diagnosis:

History & Examination Findings:

Treatment Provided:

Reason for Referral:

In view of the above, I am referring [him/her/them] for further management and treatment abroad. I kindly request that the necessary medical visa be granted to [Patient Name] for travel to [Country Name] for medical care.

If you require any additional information, please do not hesitate to contact me.

Sincerely,

[Doctor's Name]

[Qualifications]

[Registration Number]

[Department]

[Clinic/Hospital Name]

[Signature]