

Medical Travel Authorization Request

Date: [Insert Date]

To: [Insert Name of the Recipient]

Title: [Insert Title/Role]

Organization: [Insert Organization Name]

Address: [Insert Address]

City, State, Zip: [Insert City, State, Zip]

Dear [Recipient's Name],

I am writing to formally request authorization for medical travel on behalf of [Patient's Name], who is in need of [specific medical treatment or evaluation]. The proposed dates of travel are from [start date] to [end date], and the destination will be [destination].

Details of the travel are as follows:

- **Patient Name:** [Patient's Full Name]
- **Patient ID:** [Patient's ID Number]
- **Medical Provider:** [Name of Medical Provider/Facility]
- **Purpose of Travel:** [Description of Medical Purpose]

This medical travel is essential for [explain reasons for travel, e.g., specialized treatment, follow-up appointments]. Enclosed are copies of relevant medical documents and travel itineraries for your review.

Thank you for considering this request. I look forward to your prompt response so we can proceed with the necessary arrangements.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Organization]

[Your Contact Information]

Medical And Travel Authorization

Camilla Rothe



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