[Hospital/Clinic Name] [Street Address] [City, Postal Code] Germany [Phone Number] [Email] [Date] To: [Patient's Full Name] [Patient's Address] [City, Country] [Patient's Passport Number] **Subject: Medical Invitation Letter for Treatment in Germany** Dear [Patient's Name], We are pleased to confirm that [Hospital/Clinic Name] has reviewed your medical records and accepted you for treatment. You have been diagnosed with [Medical Condition], and we recommend the following medical procedures: [Brief Explanation of Treatment]. Your treatment is scheduled to begin on [Start Date] and is expected to last until [End Date]. The estimated cost of your treatment is [€X,XXX], which includes medical procedures, hospital stay, and consultations. Payment arrangements can be made directly with our administration office. Please do not hesitate to contact us if you require any additional documentation for your visa application. We look forward to assisting you with your medical care. Sincerely, [Doctor's Name] [Title, Department]

[Hospital/Clinic Name]