Sample Medical Treatment Authorization Approval Letter

[Your Name]

[Your Title]

[Medical Facility Name]

[Facility Address]

[City, State, ZIP Code]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, ZIP Code]

Dear [Patient's Name],

Subject: Medical Treatment Authorization Approval

We are writing to confirm that your request for medical treatment authorization for [Treatment/Procedure Name] has been approved by our medical team. We believe that the proposed treatment is necessary and appropriate for your medical condition.

Please review the attached treatment authorization details, including scheduling and any preparatory instructions. If you have any questions or need further assistance, please contact our patient services department.

We wish you a successful treatment and a speedy recovery.

Sincerely,

[Your Name]

[Your Title]