**SAMPLE LETTER (English)**

\_\_\_\_\_\_(Date)\_\_\_\_\_\_\_

\_\_\_(Addressee)\_\_\_ (refer to list of contacts/write the name of a senator or representative)

Dear Mr./Ms./Senator/Representative \_(Surname of Contact)\_:

My name is \_\_\_\_(Full name of patient)\_\_\_\_, aged \_(Age)\_, resident of \_\_\_\_(Home address of patient)\_\_\_\_. I was diagnosed with \_\_\_\_(Diagnosis, refer to histopathology report)\_\_\_\_. Treatment for this disease is estimated at PhP\_(Total cost of treatment)\_ to cover \_(Name of main medicines/How many times needed)\_.

May I ask for financial assistance to cover cost of medication, tests and treatment? I am under the care of Dr. \_\_\_(Full name of doctor)\_\_\_ of \_\_\_(Name of hospital and address of hospital)\_\_\_.

Enclosed are the histopathology report, medical abstract, treatment plan and cost estimate from my doctor.

Thank you.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Full Name of Patient