

LIST OF ACCREDITED PANEL PHYSICIANS

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NOTE: PLEASE CALL THE DOCTOR YOU CHOOSE DIRECTLY TO MAKE AN APPOINTMENT. PLEASE TAKE YOUR IMMUNIZATION (VACCINATION) RECORDS WITH YOU WHEN YOU VISIT THE PHYSICIAN.

REMINDER: DO NOT open the sealed envelope that the doctor gives you.

Appointment Letter for American Embassy Beirut Panel Physicians

To: All Panel Physicians
From: The Consul, US Embassy Beirut

Dear Doctor: The following applicant is scheduled for a visa interview at this embassy. As such, he/she is authorized to request a medical examination from your office.

Visa Category:

- ___ **Regular Immigrant Visa beneficiary** (Vaccination records required)
- ___ **K-1** Fiancée/child of US Citizen
- ___ **K-3** Spouse/child of US Citizen
- ___ **V** Spouse/child of Lawful Resident
- ___ **Parolee** Recipient of an approved admission into the US based on Humanitarian reasons
- ___ **Refugee** Following-to-join (this is the **ONLY** category **Eligible** for Reimbursement), or
- ___ **Asylee** Following-to-join (**NOT** eligible for reimbursement)
- ___ **DV** Diversity Lottery Visa

Beneficiary Name(s):

(Last name, First, Middle)

Case Total:

Appointment Date:

(Month / Day / Year)

File Number(s):

Upon completion of the examination, please ask recipient to deliver the sealed results to the Consular Section, American Embassy Beirut, with this cover letter attached.