

# Request for Second Opinion on Diagnosis

Your Name  
Your Address  
City, State, Zip Code  
Email Address  
Phone Number  
Date

Doctor's Name  
Clinic/Hospital Name  
Address  
City, State, Zip Code

Dear Dr. [Doctor's Last Name],

I hope this message finds you well. I am writing to formally request a second opinion regarding my current diagnosis of [specific diagnosis]. I have been experiencing [brief description of symptoms] and have been under your care since [date of initial appointment].

While I have great respect for your expertise and appreciate the treatment plan provided, I believe obtaining a second opinion would help me make a more informed decision about my health. I am particularly interested in exploring [specific aspects or treatments, if any].

Could you please recommend a specialist or provide guidance on how I might proceed with this request? Thank you for your understanding and support.

Sincerely,  
[Your Name]