

Request for Additional Health Diagnosis Details

Date: [Insert Date]

To: [Healthcare Provider's Name]

[Healthcare Provider's Address]

[City, State, Zip Code]

Dear [Healthcare Provider's Name],

I hope this message finds you well. I am writing to request additional information regarding my recent health diagnosis received on [Insert Diagnosis Date]. While I appreciate the information provided in our previous consultations, I seek further clarity on the following aspects:

- [Detail 1: Specify what information you need]
- [Detail 2: Specify what information you need]
- [Detail 3: Specify what information you need]

Understanding these details is crucial for my peace of mind and to make informed decisions regarding my treatment options. I appreciate your attention to my request and your continued support in my healthcare journey.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]