

Follow-Up Medical Second Opinion Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Medical Institution Name]

[Institution Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request a second opinion regarding my recent medical diagnosis and treatment plan concerning [Briefly Describe Medical Condition]. After careful consideration, I believe that obtaining a second opinion would be beneficial for my health and well-being.

My current physician, [Doctor's Name], has recommended [briefly describe the proposed treatment or diagnosis]. However, I would appreciate the opportunity to learn more about my situation from another qualified medical professional.

Please find attached my medical records, including tests and treatments I have undergone thus far. I am hoping to schedule an appointment at your earliest convenience.

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

Sincerely,

[Your Name]