

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Recipient's Institution/Hospital Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request a second opinion regarding my medical condition. I have been diagnosed with [provide diagnosis] by [name of your current physician/medical institution] on [date of diagnosis], and I believe that obtaining additional insights could greatly benefit my understanding and treatment options.

The details of my medical history are as follows:

- Date of Diagnosis: [Specify date]
- Current Treatment: [Describe treatment]
- Previous Medical History: [Briefly summarize relevant history]
- Current Medications: [List any medications]

I appreciate your attention to my request and would be grateful if we could arrange a consultation at your earliest convenience. Please let me know if you require any additional information or documentation prior to our meeting.

Thank you for your consideration.

Sincerely,

[Your Name]