

# Request for Medical Second Opinion

Date: [Insert Date]

To: [Doctor's Name]  
[Hospital/Clinic Name]  
[Address Line 1]  
[Address Line 2]

Dear Dr. [Doctor's Last Name],

I hope this message finds you well. I am writing to request a second opinion regarding my medical condition, which has been diagnosed as [Rare Disease Name] by my current healthcare provider, Dr. [Current Doctor's Name]. Given the complexity and rarity of this disease, I believe a second opinion would be beneficial to ensure I am pursuing the best possible treatment options.

My medical history includes:

- [Brief description of symptoms]
- [Relevant medical history]
- [Current treatments/medications]

Please find attached any relevant medical records and recent test results that provide further insight into my condition. I would greatly appreciate your expertise and perspective on my diagnosis and treatment plan.

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

Sincerely,  
[Your Name]  
[Your Phone Number]  
[Your Email Address]