

Medical Second Opinion Request

Date: [Insert Date]

To: [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 ongoing chronic condition, [Insert Condition Name]. I have been experiencing symptoms such as [list prominent symptoms] and have undergone treatments including [list previous treatments or medications].

Given the persistent nature of my condition and its impact on my daily life, I believe it is essential to explore additional perspectives and treatment options. I am seeking an evaluation from a specialist in [specific medical field, if applicable] for a comprehensive assessment.

Please let me know if you would be able to assist with a referral or if necessary, would be available for my appointment. I appreciate your understanding and support in this matter.

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

Sincerely,

[Your Full Name]

[Your Contact Information]

[Your Address]