

Request for Medical Second Opinion

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally request a second opinion regarding my diagnosis of [specific diagnosis] that I received from [Doctor's Name] at [Hospital/Clinic Name].

My details are as follows:

- **Full Name:** [Your Full Name]
- **Date of Birth:** [Your Date of Birth]
- **Contact Information:** [Your Phone Number, Email Address]

The diagnosis and treatment plan I received included the following:

- **Diagnosis:** [Diagnosis Details]
- **Recommended Treatment:** [Treatment Plan Details]
- **Concerns:** [Your Concerns about the Diagnosis/Treatment]

Please let me know the next steps for obtaining this second opinion. I appreciate your assistance and look forward to your prompt response.

Sincerely,

[Your Full Name]

[Your Signature, if sending a hard copy]