

Request for Pediatric Medical Second Opinion

Date: [Insert Date]

[Patient's Name]
[Patient's Address]
[City, State, Zip Code]

[Doctor's Name]
[Doctor's Office/Clinic Name]
[Office Address]
[City, State, Zip Code]

Dear [Doctor's Name],

I hope this letter finds you well. I am writing to formally request a second opinion regarding the medical care of my child, [Child's Name], who has been under your care for [duration of treatment] now.

Due to [briefly explain reason for the second opinion request, e.g., lack of improvement, concerns about diagnosis or treatment options], I would like to consult with another pediatric specialist. This request aims to ensure that we are proceeding with the best possible care for [Child's Name].

Please let me know if you need any further information or if you would be able to provide a referral to a suitable specialist. I appreciate your understanding and assistance in this matter.

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

Sincerely,
[Your Name]
[Your Contact Information]