

## Second Opinion Request for Cancer Treatment

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Your Email]  
[Your Phone Number]  
[Date]

[Doctor's Name]  
[Medical Institution Name]  
[Institution 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 my cancer treatment plan.

My name is [Your Name], and I was diagnosed with [specific type of cancer] on [diagnosis date]. Currently, I am receiving treatment under the care of [current doctor's name] at [current medical facility]. I would like to explore additional perspectives on my treatment options, as I believe that understanding all available alternatives will help me make a more informed decision.

Attached to this letter are my medical records, including my diagnosis, treatment history, and any relevant imaging studies. I would appreciate your expert opinion on my case and any recommendations you may have.

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

Sincerely,  
[Your Name]