

# Second Opinion Inquiry Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title/Position]

[Medical Institution or Practice Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request a second opinion regarding my upcoming surgical procedure. I am currently under the care of [Current Doctor's Name] at [Current Medical Facility], and after discussing my diagnosis of [Insert Diagnosis], I would like to explore my options further.

To provide some background, I have been diagnosed with [Brief Description of Condition] and the recommended surgical procedure is [Name of Procedure]. While I am grateful for the care I have received, I believe it is important to ensure that I make the most informed decision possible regarding my health.

I would appreciate the opportunity to meet with you to discuss my case and any alternative treatment options that might be available. Please let me know if you require any medical records or information to facilitate this process.

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

Sincerely,

[Your Name]