

# Request for Second Opinion

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Medical Facility/Insurance Company Name]

[Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request a second opinion regarding the recent diagnosis and treatment plan for my spine disorder, previously evaluated by [Doctor's Name/Osteopath's Clinic]. My medical record number is [Insert Record Number].

Given the complexity of my condition, specifically [describe your spine disorder briefly], I believe that an additional evaluation may provide more insights and options for my care. I am seeking clarity on the diagnosis and possible treatment alternatives that may enhance my recovery.

Please let me know the process for obtaining a second opinion and any additional information you require from my end. I appreciate your attention to this matter and look forward to your timely response.

Thank you for your assistance.

Sincerely,

[Your Name]