

Letter of Objection to Medical Advice

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Title/Position]

[Medical Institution/Practice Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally express my objection to the medical advice I received during my recent consultation on [Insert Date of Consultation]. While I appreciate the attention given to my health, I have some concerns regarding the recommendations provided.

Specifically, I would like to address [briefly explain the specific advice or treatment you disagree with]. After conducting my own research and considering my unique health circumstances, I feel that this advice may not be in my best interest.

I respectfully request a reevaluation of my treatment plan. I would appreciate your insights on alternative options that may better align with my needs. I believe collaborative decision-making is vital for achieving the best possible outcome for my health.

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

Sincerely,

[Your Name]