

Request for Second Opinion

Date: [Insert Date]

To: [Physician's Name]

[Physician's Address]

[City, State, Zip Code]

Dear Dr. [Physician's Last Name],

I hope this letter finds you well. My name is [Your Name], and I am currently a patient at [Current Physician's Name or Hospital]. I am writing to respectfully request a second opinion regarding my ongoing medical condition.

I have been diagnosed with [specific diagnosis or condition] and have been receiving treatment since [date of initial diagnosis]. However, I would like to explore additional treatment options and ensure that I am making informed decisions regarding my health.

After doing some research and considering my circumstances, I believe it would be beneficial to consult with you for your expertise and perspective on my condition. I have included my medical records and any relevant test results for your review.

I appreciate your time and consideration of my request. Please let me know if you would be willing to meet at your earliest convenience to discuss my case further.

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

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Contact Information]