

# Letter of Inquiry for Alternative Medical Evaluation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Medical Facility or Organization's Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to inquire about the possibility of an alternative medical evaluation regarding my health condition. I am seeking a comprehensive assessment that may include different therapeutic approaches that are not typically explored in conventional settings.

Given my ongoing health challenges, I feel it may be beneficial to explore alternative modalities that could provide a fresh perspective on my treatment options. I would appreciate any available information on practitioners who specialize in alternative medicine, as well as the procedures involved in arranging such an evaluation.

Thank you for your time and assistance. I look forward to your prompt response.

Sincerely,

[Your Name]