

# Request for Second Medical Opinion

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Doctor's Name]  
[Doctor's Title]  
[Medical Facility Name]  
[Facility Address]  
[City, State, Zip Code]

Dear [Doctor's Name],

I hope this letter finds you well. I am writing to request a second medical opinion regarding my recent diagnosis of [specific diagnosis], which was provided by [original doctor's name or medical facility] on [date of diagnosis].

After careful consideration and in light of my ongoing symptoms and concerns, I believe it would be beneficial to seek your expertise to confirm the diagnosis and discuss potential treatment options.

Please let me know your availability for an appointment, as well as any necessary steps to facilitate this process. I appreciate your assistance and look forward to your response.

Thank you for your attention to this matter.

Sincerely,  
[Your Name]