

# Inquiry for Clarification on Medical Treatment Choices

Date: [Insert Date]

To: [Doctor's Name]

[Hospital/Clinic Name]

[Address]

[City, State, Zip Code]

Dear Dr. [Doctor's Last Name],

I hope this message finds you well. I am writing to seek clarification regarding the medical treatment options that have been discussed during my recent appointments.

As we consider the options available for my condition, I would greatly appreciate detailed information on the following:

- [Specific Treatment Option 1]
- [Specific Treatment Option 2]
- [Benefits and Risks of the Treatments]

Understanding these points will help me make an informed decision about my care moving forward. If possible, I would also like to schedule a follow-up appointment to discuss this in more detail.

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

Sincerely,

[Your Name]

[Your Contact Information]