

# Diagnosis Discussion Letter

Date: [Insert Date]

To Whom It May Concern,

My name is [Your Name], and I am writing to formally request a second opinion regarding my recent diagnosis of [Diagnosis]. I appreciate the care and attention provided by my current healthcare provider, [Provider's Name], but I believe it is important to explore all possible perspectives concerning my condition.

To provide context for this request, I have been experiencing [briefly describe symptoms], which led to the diagnosis of [Diagnosis] following [tests, procedures, or assessments]. The recommended treatment is [describe treatment plan]; however, I have concerns about [mention specific concerns or questions regarding diagnosis or treatment].

I would like to seek a second opinion from your esteemed practice to ensure I am making the most informed decision regarding my health. Please let me know what information you require from my current healthcare provider and if there are specific documents you would like me to forward.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Contact Information]

[Your Address]