

# Request for Specialized Pain Management Assessment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Clinic/Hospital Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a specialized pain management assessment for my ongoing pain condition. Despite previous treatments, I continue to experience significant pain that impacts my daily life and overall well-being.

Given the complexity of my condition, I believe an evaluation by a specialist in pain management would provide valuable insights and potential treatment options.

Enclosed are my medical records and details of previous treatments for your review. I am hopeful that you can assist me in arranging this assessment at your earliest convenience.

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

Sincerely,

[Your Name]