

Letter of Concern

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

Recipient's Name
Recipient's Title
Medical Practice Name
Practice Address
City, State, Zip Code

Dear [Recipient's Name],

I am writing to express my concern regarding the medical advice I received during my recent appointment on [insert date]. As a patient, I trust that the guidance provided is based on accurate and up-to-date medical information. However, I believe some of the advice I was given may not reflect current medical standards.

Specifically, [detail the advice you received, why you believe it to be inaccurate, and any supporting evidence or alternative recommendations]. I have since consulted additional sources and professionals who have advised me differently, which has raised significant concern.

It is important for patients to receive reliable and accurate medical guidance, and I would appreciate clarification on this matter. Additionally, I kindly request a review of the advice I was provided to ensure it aligns with best practices.

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

Sincerely,
[Your Name]