

# Request for Second Opinion Consultation

Date: [Insert Date]

To: [Doctor's Name]

Address: [Doctor's Address]

Dear Dr. [Doctor's Last Name],

I hope this letter finds you well. My name is [Your Name], and I am writing to seek a second opinion regarding my recent medical diagnosis and treatment plan.

After my recent visit to [Previous Doctor's Name/Clinic Name] on [Date of Visit], I was diagnosed with [Diagnosis]. I have been advised to undergo [Treatment Plan], but I want to ensure that I have a comprehensive understanding of my condition and all possible alternatives.

With your expertise in [Doctor's Specialty], I would greatly appreciate the opportunity to discuss my case. I believe your insights could provide invaluable guidance in making informed decisions about my health.

Please let me know your available times for a consultation. Thank you for considering my request. I look forward to your response.

Sincerely,

[Your Name]

[Your Contact Information]

[Your Address]