

Request for Second Opinion

Your Name: [Your Name]

Your Address: [Your Address]

Your City, State, Zip: [Your City, State, Zip]

Your Email: [Your Email]

Your Phone Number: [Your Phone Number]

Date: [Date]

To Whom It May Concern,

I am writing to formally request a second opinion regarding my recent cancer diagnosis. After careful consideration, I believe it is important to gather additional insights before proceeding with treatment decisions.

My original diagnosis was made on [Date of Diagnosis] at [Name of Hospital/Clinic], and I was diagnosed with [Type of Cancer]. I have also undergone [any treatments, if applicable] and have the following treatments planned: [Your Planned Treatments, if any].

For your review, I have enclosed copies of my medical records, including my pathology reports, imaging studies, and any other relevant information. I am requesting an evaluation from [Name of Specialist or Institution], as I believe they have the expertise needed to provide an additional perspective on my diagnosis.

Please let me know if you require any additional documentation or information to facilitate this request. I appreciate your attention to my situation, and I look forward to your prompt response.

Thank you for your consideration.

Sincerely,

[Your Name]