

Request for Second Opinion on Chronic Illness Assessment

Date: [Insert Date]

To: [Doctor's Name]
[Doctor's Address]
[City, State, ZIP Code]

Dear [Doctor's Name],

I hope this message finds you well. I am writing to formally request a second opinion regarding my ongoing health issues related to [specific chronic illness]. As you know, I have been experiencing [briefly describe symptoms] and have undergone several treatments, including [list treatments or medications].

Sincerely,

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Your Phone Number]
[Your Email Address]