

# Request for Second Opinion on Diagnostic Results

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To: [Doctor's Name]

[Doctor's Office/Hospital Name]

[Office 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 recent diagnostic results obtained on [insert date of the tests]. The results indicated [briefly outline the findings], and I would like to seek further insights regarding my condition.

My medical history includes [briefly describe relevant medical history], and I believe that obtaining a second opinion could provide additional clarity and options for my treatment.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Name]