

Request for Second Medical Opinion

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

Doctor's Name
Medical Facility Name
Facility Address
City, State, Zip Code

Dear Dr. [Doctor's Last Name],

I hope this message finds you well. I am writing to request a second opinion regarding my medical treatment for [specific condition or diagnosis] that I have been receiving. I have been under the care of [Current Doctor's Name] at [Current Medical Facility] since [Date] and have undergone [mention any treatments, tests, or surgeries].

While I appreciate the care I have received, I believe obtaining a second opinion will provide me with additional insight into my diagnosis and treatment options. I am particularly interested in [mention specific concerns or questions about your treatment].

Please let me know if you require any medical records or if there are any steps I should take to facilitate this process. I look forward to your guidance on how to proceed.

Thank you for your attention to my request.

Sincerely,
[Your Name]