

Request for Second Opinion

Date: [Insert Date]

To: [Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Dear [Provider's Name],

I hope this message finds you well. I am writing to formally request a second opinion regarding my mental health evaluation and treatment plan. After our previous consultations, I believe it would be beneficial to seek an additional perspective on my condition.

I appreciate the care and attention you have provided thus far, but I feel that obtaining a second opinion will help ensure that I am receiving the best possible care moving forward. I am particularly interested in exploring [specific concerns or symptoms], and I believe a different viewpoint may provide further clarity.

Please let me know if you require any additional information or if there are specific steps I should follow to facilitate this process. I look forward to your understanding and support in this matter.

Thank you for your attention to this request. I look forward to hearing from you soon.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]