

Second Opinion Request for Orthopedic Assessment

Date: [Insert Date]

To: [Orthopedic Specialist's Name]

[Clinic/Hospital Name]

[Address]

Dear [Orthopedic Specialist's Name],

I hope this message finds you well. I am writing to formally request a second opinion regarding my orthopedic condition.

I have been diagnosed with [insert diagnosis] by my current physician, Dr. [insert physician's name], on [insert date of diagnosis]. Despite following the recommended treatment plan, I am still experiencing significant symptoms, including [briefly describe symptoms].

To ensure I am making the most informed decisions regarding my health, I would greatly appreciate your professional insight on my condition and potential treatment options.

Please let me know your availability for an appointment. I am willing to provide any further medical records or imaging necessary for your assessment.

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

Sincerely,

[Your Full Name]

[Your Address]

[Your Phone Number]

[Your Email]