

# Request for Second Opinion

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Hospital/Clinic Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a second opinion regarding the pediatric care currently being provided to my child, [Child's Name], born on [Child's Birthdate]. We have been seeing [Current Pediatrician's Name] for [nature of condition or treatment] and would like to explore alternative viewpoints and recommendations for [specific concern or condition].

We trust that your expertise and insights could be immensely valuable, and we aim to ensure the best possible care and outcomes for our child. Enclosed, please find pertinent medical records, test results, and notes from our previous consultations to assist in your review.

We appreciate your attention to this matter and would like to schedule an appointment at your earliest convenience. Please feel free to reach out to me directly at [Your Phone Number] or [Your Email Address] for any additional information or clarification needed.

Thank you for your time and consideration.

Sincerely,

[Your Full Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]