

Second Opinion Request for Specialist Consultation

Date: [Insert Date]

To: [Specialist's Name]
[Specialist's Title]
[Specialist's Institution/Practice Name]
[Specialist's Address]
[City, State, Zip Code]

Dear [Specialist's Name],

I hope this message finds you well. My name is [Your Name], and I am a patient of [Current Physician's Name]. I am writing to request a second opinion regarding my medical condition.

My medical history includes [briefly describe your condition and any relevant treatments or diagnoses]. Despite following my current treatment plan, I am still experiencing [describe any ongoing issues]. I believe that obtaining your expertise would greatly assist me in making informed decisions about my health.

I would appreciate the opportunity to consult with you at your earliest convenience. Please let me know what information or documentation you require for this assessment.

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

Sincerely,

[Your Full Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]