

Second Opinion Request for Surgery Evaluation

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request a second opinion regarding a surgical evaluation that has been recommended to me by my physician, Dr. [Doctor's Name]. After a thorough discussion and consideration of my medical situation, I believe it is in my best interest to seek additional expert insights before proceeding further.

My medical history includes [briefly describe relevant medical history]. Recently, I was advised to undergo [describe the recommended surgery] due to [reason for surgery]. While I trust the recommendations I have received, I would feel more confident in my decision if I could obtain a second opinion from your esteemed office.

Attached to this letter are my medical records, including [list any pertinent documents]. I appreciate your consideration of this request and look forward to your expert opinion regarding my condition and the proposed surgical intervention.

Thank you for your time and attention. Please let me know if you require any further information or if there are forms I should complete prior to my visit.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]