

# Formal Complaint Regarding Misdiagnosis

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

[Recipient's Name]  
[Name of the Medical Facility]  
[Facility Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally express my concern regarding a misdiagnosis that occurred during my recent consultations at [Medical Facility Name]. On [date of visit], I presented with [describe symptoms briefly]. Despite my detailed description of symptoms, I was diagnosed with [initial diagnosis].

After seeking a second opinion from another medical professional on [date of second opinion], I was informed that the accurate diagnosis is [accurate diagnosis]. This significant error has resulted in [describe any negative consequences, such as worsened health, unnecessary treatments, etc.].

I believe this misdiagnosis reflects a serious issue with the quality of care provided, and I would like to know the measures being taken to prevent similar occurrences in the future. It is crucial that patients receive accurate diagnoses to ensure proper treatment and outcomes.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,  
[Your Name]