

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Recipient Name or "Consultation Coordinator"]
[Department of Oncology]
[Hospital/Cancer Center Name]
[Hospital Address]

RE: Request for Second Opinion Consultation - [Your Full Name]

Dear [Doctor Name or Admissions Team],

I am writing to formally request a second opinion consultation regarding my recent diagnosis of [Insert Type of Cancer, e.g., Stage II Breast Cancer].

I was originally diagnosed on [Date] by [Current Doctor's Name] at [Current Hospital]. My current treatment plan includes [Briefly mention current treatment, e.g., chemotherapy or surgery], but I would like to explore all available options, including clinical trials or alternative surgical approaches offered at your institution.

I have requested that my medical records, pathology reports, and imaging (CT/MRI/PET scans) be forwarded to your office. Please let me know if there are specific forms or additional documents required to process this request.

My insurance provider is [Insurance Company Name], and I have [already obtained/am currently seeking] the necessary authorization for this consultation.

I am eager to schedule this appointment as soon as possible. Please contact me at [Phone Number] or [Email Address] to confirm receipt of this request and to discuss available dates.

Thank you for your time and assistance.

Sincerely,

[Your Signature]

[Your Printed Name]