

[Physician Name, MD/DO]  
[Department/Clinic Name]  
[Institution Name]  
[Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

[Referring Physician Name]  
[Address]  
[City, State, Zip Code]

**RE: Second Opinion Consultation**

**Patient Name:** [Patient Name]

**Date of Birth:** [DOB]

**Diagnosis:** [Specific Cancer Type and Stage]

Dear Dr. [Referring Physician Last Name],

I had the pleasure of meeting with [Patient Name] on [Date] for a second opinion consultation regarding their diagnosis of [Diagnosis]. I have reviewed the pathology reports, imaging studies, and your initial treatment recommendations.

**Clinical Assessment:**

Based on my evaluation and the clinical data provided, I concur with the diagnosis of [Diagnosis]. The patient currently presents with [Brief clinical status/symptoms].

**Recommended Treatment Plan:**

After careful consideration, I recommend the following therapeutic approach:

- **Primary Therapy:** [e.g., Surgical intervention, specific chemotherapy regimen, or radiation therapy]
- **Adjunctive Therapy:** [e.g., Immunotherapy, hormone therapy, or clinical trial participation]
- **Monitoring:** [e.g., Frequency of scans and blood work]

**Rationale:**

This recommendation is based on [cite specific guidelines, e.g., NCCN guidelines, or specific trial data]. I believe this plan offers the best balance of [efficacy/disease control] and [quality of life/toxicity management] for the patient at this time.

**Comparison to Initial Plan:**

[Briefly state if this aligns with the original plan or suggests a modification, e.g., "This plan aligns with your initial recommendation," or "I suggest prioritizing X over Y due to Z."]

The patient has been counseled on the risks and benefits of this plan and is eager to proceed. Thank you for the opportunity to participate in the care of this patient. Please contact me if you wish to discuss this case further.

Sincerely,

[Signature]

[Your Printed Name]

[Title/Board Certification]