

[Your Name, MD/DO]
[Practice Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Referring Provider Name]
[Referring Practice Name]
[Address]
[City, State, Zip Code]

RE: Second Opinion Orthopedic Evaluation

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Date of Consultation: [Date of Visit]

Dear [Referring Provider Name],

Thank you for requesting a second opinion regarding [Patient Name] and the management of their [Right/Left/Bilateral] [Body Part, e.g., Knee/Shoulder/Hip]. The patient presents today for an evaluation of [Primary Complaint/Diagnosis] and a review of the recommendation for [Proposed Surgical Procedure].

History of Present Illness:

The patient reports a [Duration] history of pain localized to the [Specific Area]. They describe the pain as [Sharp/Dull/Aching] and note that it is exacerbated by [Specific Activities]. Previous conservative treatments have included [Physical Therapy/Injections/Medications/Rest]. The patient reports that these measures have [Provided Minimal Relief/Failed].

Physical Examination:

On physical examination, the patient demonstrated [Specific Finding, e.g., limited range of motion, instability, or tenderness]. Neurological and vascular status of the distal extremity were [Intact/Normal]. Specific orthopedic tests including [Test Name] were [Positive/Negative].

Imaging and Diagnostic Review:

I have reviewed the [X-rays/MRI/CT Scan] dated [Date]. These images demonstrate [Key Radiographic Findings, e.g., severe joint space narrowing, labral tear, or fracture].

Assessment:

My assessment is consistent with [Diagnosis]. Based on the clinical presentation and failure of conservative management, I [Agree/Disagree] with the recommendation for [Surgical Procedure].

Recommendations and Plan:

1. [Surgical Recommendation: e.g., Proceed with Total Knee Arthroplasty]
2. [Alternative Treatment: e.g., Consider additional corticosteroid injection prior to surgery]
3. [Follow-up Plan: e.g., Patient will return to my clinic if they choose to proceed here]

The risks, benefits, and alternatives to surgery were discussed extensively with the patient. They have been encouraged to take this information back to their primary orthopedic surgeon to make a final decision.

Sincerely,

[Signature]

[Printed Name and Title]