

[Doctor Name]
[Clinic/Hospital Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]
[Date]

[Recipient Doctor Name]
[Department of Rheumatology]
[Institution Name]
[Address Line 1]
[City, State, Zip Code]

RE: Second Opinion Consultation for [Patient Name] (DOB: [Date of Birth])

Dear Dr. [Recipient Last Name],

I am requesting a formal second opinion evaluation for [Patient Name], who presents with complex symptoms suggestive of an autoimmune or systemic rheumatic disease. The primary goal of this consultation is to clarify the diagnosis and optimize the current management plan.

Clinical History:

The patient has a [Number]-month/year history of [Primary Symptoms, e.g., symmetric polyarthritis, malar rash, Raynaud's, unexplained fevers].

Initial Diagnostic Workup:

Preliminary testing has revealed the following notable results:

- Serology: [e.g., ANA titer, Anti-dsDNA, RF, CCP, ANCA status]
- Inflammatory Markers: [e.g., ESR, CRP levels]
- Imaging: [e.g., Summary of X-ray, Ultrasound, or MRI findings]

Current Treatment:

The patient is currently prescribed [List Medications, e.g., Prednisone, MTX, NSAIDs]. Response to therapy has been [Inadequate/Partial/Minimal].

Specific Questions for Consultation:

1. Does the clinical presentation meet ACR/EULAR classification criteria for a specific connective tissue disease?
2. Are there additional specialized serological or tissue biopsies recommended?
3. Would you recommend a change in the biologic or DMARD regimen at this time?

All relevant medical records, lab reports, and imaging discs have been forwarded to your office. Thank you for your expertise in reviewing this case.

Sincerely,

[Signature]

[Printed Name]

[NPI Number]