

[Current Date]

[Patient Name]

[Patient Address]

[Patient City, State, Zip Code]

[Patient Phone Number]

[Consulting Physician Name]

[Clinic/Facility Name]

[Clinic Address]

[City, State, Zip Code]

RE: Request for Second Opinion - Tinnitus Evaluation

Dear Dr. [Physician Last Name],

I am writing to formally request a second opinion regarding my current diagnosis and treatment plan for tinnitus. I was initially evaluated by [Primary Physician/Clinic Name] on [Date of Initial Diagnosis].

My symptoms include [describe sounds, e.g., ringing, buzzing, hissing] in my [left/right/both] ear(s). These symptoms have been present for [duration] and are currently [constant/intermittent]. My previous evaluation included [list previous tests, e.g., audiogram, tympanometry, MRI].

I am seeking your expertise to:

- Verify the initial diagnosis and underlying cause of the tinnitus.
- Review my current audiometric test results.
- Discuss alternative management strategies or treatment options (e.g., sound therapy, TRT, or medical interventions).
- Determine if further diagnostic imaging or specialized testing is required.

I have requested that my medical records and test results be forwarded to your office. Please let me know if you require any additional documentation prior to my appointment scheduled for [Appointment Date/Time].

Thank you for your time and professional consideration.

Sincerely,

[Patient Signature]

[Patient Printed Name]