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

[Date]

[Recipient Doctor's Name]
[Clinic/Hospital Name]
[Clinic Address]

RE: Request for Second Opinion Fertility Assessment

Dear Dr. [Doctor's Last Name],

I am writing to formally request a second opinion regarding my fertility status and options for reproductive assistance. I have previously been under the care of [Previous Doctor/Clinic Name] and would like a comprehensive review of my case to ensure all diagnostic and treatment pathways have been explored.

Patient Background:
Full Name: [Full Name]
Date of Birth: [DOB]
Partner Name (if applicable): [Partner Name]

Clinical Summary:
I have been attempting to conceive for [Number] months/years. My previous diagnosis was [Insert Previous Diagnosis, e.g., Unexplained Infertility, PCOS, Endometriosis]. Previous treatments include [List treatments, e.g., Clomid, IUI, IVF cycles].

Reason for Consultation:
I am specifically seeking your expertise regarding:
- Review of existing lab results and imaging (HSG, Ultrasounds).
- Assessment of current ovarian reserve and hormonal profile.
- Recommendations for alternative treatment protocols or advanced diagnostics.
- [Insert any other specific concerns].

I have requested my medical records and relevant imaging to be transferred to your office. Please let me know if any additional documentation is required prior to my appointment.

I look forward to discussing my case with you. I can be reached at [Phone Number] to schedule a consultation.

Sincerely,

[Your Signature]

[Your Printed Name]