

Date: [Insert Date]

To: [Consultant Name, MD]
[Department of Hematology]
[Facility Name]
[Address]

RE: Second Opinion for Bleeding Disorder Evaluation

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

Dear Dr. [Consultant Last Name],

I am requesting a formal second opinion consultation for the above-named patient regarding the diagnosis and management of a suspected or confirmed bleeding disorder.

Clinical History:

[Briefly describe symptoms: e.g., menorrhagia, easy bruising, epistaxis, or post-surgical bleeding.]

Previous Diagnosis/Workup:

The patient was previously evaluated for [Current Diagnosis/Suspected Condition]. Findings included:

- [Laboratory Finding 1]
- [Laboratory Finding 2]
- [Previous Treatment/Intervention]

Reason for Consultation:

We are seeking your expertise regarding:

1. Confirmation of the primary diagnosis.
2. Further specialized testing (e.g., platelet aggregation studies, factor assays).
3. Optimization of a long-term management or prophylaxis plan.

Enclosed Documentation:

- Recent CBC and Coagulation profiles
- Factor level results
- Relevant clinical notes and family history

Thank you for your assistance with this patient's care. Please provide a written report following your evaluation.

Sincerely,

[Your Name, MD]
[Your Facility/Practice]

[Phone Number]
[Email]