

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

[Date]

[Consultant Name]  
[Department of Plastic and Reconstructive Surgery]  
[Hospital/Clinic Name]  
[Hospital/Clinic Address]

Dear Dr. [Consultant Last Name],

I am writing to formally request a second opinion regarding a reconstructive plastic surgery procedure. I have previously been evaluated by [Name of Initial Surgeon/Physician] for [Specific Condition/Injury/Diagnosis].

The initial diagnosis provided was [Name of Diagnosis], and the recommended treatment plan is [Brief Description of Proposed Surgery].

I am seeking a second opinion to explore all available surgical options, understand the long-term functional and aesthetic outcomes, and confirm the most appropriate reconstructive approach for my case. I am particularly interested in your expertise regarding [Specific Concern, e.g., microsurgery, flap reconstruction, or scar revision].

I have enclosed the following medical records for your review:

- Initial consultation reports and clinical notes
- Imaging results (MRI, CT scans, or X-rays)
- Biopsy or pathology reports (if applicable)
- Photographs of the affected area

I would like to schedule a consultation at your earliest convenience. Please let me know what further information or documentation is required from my side.

Thank you for your time and professional consideration.

Sincerely,

[Your Signature]

[Your Printed Name]