

Date: [Insert Date]

To: [Recipient Name]
[Recipient Address]
[City, State, Zip Code]

Subject: Deadline for Submitting Second Opinion Results - [Case/Reference Number]

Dear [Recipient Name],

This letter serves as a formal reminder regarding the required second medical opinion for [Patient Name/Employee Name] concerning [Brief Description of Condition/Claim].

As previously discussed, the submission of these results is a mandatory requirement for the processing of [your claim/disability benefits/return-to-work authorization].

Please be advised that the final deadline for our office to receive the official medical report is **[Insert Deadline Date]**.

Failure to provide the documentation by this date may result in:

- A delay in the evaluation process.
- The potential suspension or denial of [benefits/claims].
- An administrative closure of your file.

If you have already attended the appointment, please ensure your healthcare provider faxes or emails the results to [Contact Information] immediately. If you have encountered any difficulties scheduling this appointment, please contact us at [Phone Number] before the deadline.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]
[Your Title]
[Company/Organization Name]