

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert Patient DOB]

Exam Date: [Insert Date of Original MRI]

Type of Scan: [Insert MRI Body Part/Type]

To Whom It May Concern,

I am writing to formally recommend a second opinion regarding the MRI scan results for the patient mentioned above. Following a review of the initial imaging report and clinical findings, I believe it is in the patient's best interest to have these images evaluated by a sub-specialist to ensure diagnostic accuracy.

Reason for Recommendation:

[Insert brief reason, e.g., Complex findings, correlation with clinical symptoms, or verification of surgical indications]

Action Requested:

- A formal re-interpretation of the original DICOM images.
- A comparison with previous imaging studies, if available.
- A written consultation report detailing the findings and any clinical recommendations.

We have instructed the patient to provide the necessary imaging discs and original reports to your facility. Please contact my office at [Insert Phone Number] if you require additional clinical history or documentation.

Thank you for your professional assistance in this matter.

Sincerely,

[Your Name/Signature]

[Your Title/Credentials]

[Facility Name]