

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

[Date]

[Name of Radiologist or Institution]
[Department of Radiology]
[Address of Institution]

RE: Request for Second Opinion Radiology Consultation

Dear [Recipient Name or Department Head],

I am writing to formally request a second opinion evaluation of my recent imaging studies. I would like your department to review the following scans:

- **Type of Scan:** [e.g., MRI, CT, PET Scan]
- **Date of Exam:** [Date]
- **Body Part:** [e.g., Lumbar Spine, Abdomen, Chest]
- **Original Facility:** [Name of original imaging center]

The reason for this request is [mention reason, e.g., to confirm a diagnosis, prepare for surgery, or clarify conflicting reports].

I have arranged for the following materials to be delivered to your office:

- Digital images (on CD or via secure electronic transfer)
- The original radiologist's written report
- Relevant clinical history and pathology reports (if applicable)

Please provide a formal written consultation report once the review is complete. You may send the final report to me and to my primary physician, [Physician Name], at [Physician Fax/Address].

I have included my insurance information and am prepared to cover any associated consultation fees not covered by my provider. Please contact me at [Your Phone Number] if you require additional documentation or authorization forms.

Thank you for your time and expertise.

Sincerely,

[Your Signature]

[Your Printed Name]

[Date of Birth]