

Routine Check-up or Second Opinion

Subject: Referral for Routine Check-up / Second Opinion

Dear Dr. [Specialist Name],

I am referring [Patient Name] for a routine evaluation regarding [medical concern]. The patient has expressed interest in obtaining a second opinion to ensure comprehensive care.

Please review the attached records and advise on any further diagnostic steps or management plans.

Thank you for your collaboration.

Sincerely,

Dr. [Your Name]

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