

[Referring Physician Name]
[Practice Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Consulting Oncologist Name]
[Cancer Center/Hospital Name]
[Address]
[City, State, Zip Code]

RE: Referral for Second Opinion Consultation

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Diagnosis: [Specific Cancer Type/Stage]

Dear Dr. [Consulting Physician Last Name],

I am writing to formally refer [Patient Name] to your clinic for an oncology second opinion consultation regarding [his/her/their] recent diagnosis of [Diagnosis Name].

The patient was diagnosed on [Date] following [Type of Diagnostic Test, e.g., biopsy/imaging]. To date, the patient has undergone the following interventions:

- [List relevant treatments, e.g., surgery, cycles of chemotherapy, or radiation]
- [List current medications]

The primary goal of this consultation is to [state purpose, e.g., review the current treatment plan, explore clinical trial eligibility, or discuss alternative surgical options]. The patient is aware of this referral and is eager to receive your expert assessment.

Enclosed/attached please find the following supporting documentation:

- Pathology and cytology reports
- Radiology reports and imaging discs (CT, MRI, PET)
- Recent laboratory results
- Previous treatment summaries and operative notes

Following your evaluation, please provide a written consultation report detailing your recommendations. If you have any questions or require further information, please contact my office at [Phone Number].

Thank you for your time and expertise in the care of this patient.

Sincerely,

[Physician Signature]

[Printed Name]

[NPI Number]