

[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

This letter confirms your appointment for an Oncology Second Opinion Consultation with Dr. [Physician Name].

Appointment Details:

Date: [Date of Appointment]
Time: [Time of Appointment]
Location: [Building/Suite Number]

The purpose of this consultation is to review your diagnosis, evaluate your current treatment plan, and discuss any additional therapeutic options available to you. Please arrive 15 minutes early to complete any necessary paperwork.

Please bring the following to your appointment:

- A valid photo ID and insurance card.
- Your most recent pathology reports and imaging discs (CT, MRI, or PET scans).
- A complete list of current medications.
- A list of questions you wish to discuss with the oncologist.

If you need to reschedule or cancel this appointment, please notify us at least 24 hours in advance by calling [Phone Number].

We look forward to meeting with you.

Sincerely,

[Name/Signature]
[Title]
[Department Name]