

Date: [Date]

To: [Referring Physician Name]

Address: [Physician Address]

Fax/Email: [Physician Contact Information]

RE: Preliminary Oncology Second Opinion

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

Dear Dr. [Referring Physician Last Name],

I had the opportunity to evaluate [Patient Name] on [Date of Consultation] for a second opinion regarding their diagnosis of [Specific Cancer Type/Stage]. Below are my preliminary findings based on a review of the provided records and today's clinical assessment.

Clinical Summary:

The patient presents with [Brief Description of Symptoms and Duration]. My initial physical examination noted [Key Physical Findings].

Review of Provided Diagnostics:

I have reviewed the following materials:

- Pathology Report from [Facility] dated [Date]: [Brief Interpretation]
- Imaging (CT/PET/MRI) dated [Date]: [Brief Interpretation]

Preliminary Impressions:

At this time, my assessment aligns with the primary diagnosis of [Diagnosis]. However, further clarification is needed regarding [Specific Clinical Question, e.g., Nodal Status or Molecular Profiling].

Pending Actions and Recommendations:

To finalize this second opinion and treatment recommendation, I have requested the following:

1. [e.g., Internal pathology slide review]
2. [e.g., Additional genomic/biomarker testing]
3. [e.g., Follow-up imaging or biopsy]

Preliminary Treatment Discussion:

We discussed several potential therapeutic pathways, including [e.g., Neoadjuvant Chemotherapy, Surgical Intervention, or Clinical Trial Enrollment]. A formal treatment plan will be established once the pending results are available.

I will provide a comprehensive final report upon completion of the diagnostic workup. Please contact my office at [Phone Number] if you have immediate questions.

Sincerely,

[Your Name, MD]
[Department of Oncology]
[Institution Name]