

[Date]

[Referring Physician Name]

[Practice Name]

[Address]

[City, State, Zip Code]

RE: [Patient Full Name]

DOB: [Patient Date of Birth]

Diagnosis: [Primary Diagnosis/ICD Code]

Dear Dr. [Referring Physician Last Name],

Thank you for referring [Patient Name] to our clinic for an oncology second opinion consultation. I had the pleasure of meeting with the patient on [Date of Consultation] to review their clinical history, diagnostic imaging, and pathology reports.

**Clinical Assessment:**

Based on my evaluation, I concur with the initial diagnosis of [Stage/Type of Cancer]. Our review of the [Imaging/Pathology] confirmed [Brief clinical finding].

**Recommendations and Plan:**

After discussing various therapeutic options with the patient, we have discussed the following recommendations:

- [Recommendation 1, e.g., Addition of specific chemotherapy agent]
- [Recommendation 2, e.g., Genomic testing or clinical trial eligibility]
- [Recommendation 3, e.g., Radiation oncology consultation]

The patient has expressed a preference to [continue care with your team / transition care to our facility]. We have provided them with a detailed summary of our findings to aid in their decision-making process.

Full consultation notes and laboratory results are enclosed for your records. If you have any questions or would like to discuss this case further, please contact my office at [Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name], MD/DO

[Department of Oncology]

[Institution Name]