

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

Patient Summary: Oncology Second Opinion Consultation

Dear [Patient Name],

It was a pleasure meeting with you on [Consultation Date] to provide a second opinion regarding your diagnosis and treatment plan. Below is a summary of our discussion and my clinical recommendations.

1. Clinical Diagnosis

[Insert Type of Cancer, Stage, and Pathological Findings]

2. Review of Records

I have reviewed your previous medical records, including:

- Imaging (CT, MRI, PET scans) from [Dates]
- Biopsy and pathology reports from [Dates]
- Laboratory results and genetic testing

3. Treatment Recommendations

Based on my evaluation, I recommend the following approach:

- **Primary Recommendation:** [e.g., Surgery, Chemotherapy, Radiation, or Targeted Therapy]
- **Alternative Options:** [List alternatives discussed]
- **Clinical Trials:** [Note if the patient is a candidate for any current trials]

4. Comparison with Initial Opinion

[State whether this opinion concurs with the original oncologist or suggests a different path.]

5. Next Steps

[List immediate actions, e.g., "Schedule follow-up MRI," "Consult with surgical oncology," or "Begin cycle 1 of treatment."]

6. Contact Information

If you have further questions or wish to proceed with treatment at this facility, please contact my office at [Phone Number].

Sincerely,

[Physician Name, MD/DO]
[Oncology Sub-specialty]
[Facility/Hospital Name]