

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Oncologist's Name]
[Clinic/Hospital Name]
[Department Address]

Re: Declination of Proposed Treatment Plan - [Your Full Name] / [Patient ID/DOB]

Dear Dr. [Oncologist's Last Name],

Thank you for the time you spent conducting a second opinion consultation regarding my diagnosis of [Type of Cancer] on [Date of Consultation]. I appreciate the detailed explanation of the proposed treatment plan involving [Briefly mention treatment, e.g., chemotherapy, radiation, or surgery].

After careful consideration of the options provided and further discussion with my family and primary care team, I am writing to formally decline the recommended treatment plan at your facility at this time.

This decision was reached based on [Optional: personal reasons / a preference for a different therapeutic approach / a decision to pursue treatment closer to home].

I request that a copy of your consultation notes and any new diagnostic results be forwarded to my primary oncologist, Dr. [Name], at [Clinic Name].

Thank you for your professional insight and for the care provided by your staff during my visit.

Sincerely,

[Your Signature]

[Your Printed Name]