

Date: [Date]

To: [Referring Physician Name]

Department: [Department Name]

Facility: [Facility Name]

Address: [Street Address, City, State, Zip]

RE: Continuity of Care Post Second Opinion Consultation

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Diagnosis: [Specific Type/Stage of Cancer]

Dear Dr. [Physician Last Name],

Thank you for referring [Patient Name] to our clinic for a second opinion oncology consultation regarding their recent diagnosis of [Diagnosis]. I had the opportunity to evaluate the patient on [Date of Consultation].

Clinical Summary:

After reviewing the pathology reports, imaging (including [List specific scans]), and conducting a physical examination, our findings [concur with/slightly diverge from] the initial assessment. Specifically, we noted [Insert brief clinical findings].

Recommendations:

Based on our evaluation, we recommend the following treatment plan:

- [Recommendation 1: e.g., Specific Chemotherapy regimen]
- [Recommendation 2: e.g., Surgical intervention timing]
- [Recommendation 3: e.g., Radiation therapy or Clinical Trial eligibility]

Plan for Continuity of Care:

The patient has expressed a desire to [continue primary treatment with your office / transition care to our facility]. To ensure seamless continuity of care, we propose the following coordination:

- [Item 1: e.g., Shared monitoring of lab results]
- [Item 2: e.g., Scheduling of follow-up imaging]
- [Item 3: e.g., Communication frequency between offices]

I have discussed these recommendations in detail with the patient. We will provide copies of all consultation notes and recommended protocols to your office. Please do not hesitate to contact me at [Phone Number] or [Email Address] if you have any questions or wish to discuss this case further.

Sincerely,

[Signature]

[Your Name, MD/DO]

[Oncology Specialty]

[Facility Name]