Date: [Date]

To: [Primary Care Physician Name]
Clinic: [PCP Clinic Name]
Address: [PCP Address]

RE: Oncology Treatment Completion & Discharge Summary
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Diagnosis: [Specific Cancer Type and Stage]

Dear Dr. [PCP Last Name],

This letter is to inform you that [Patient Name] has successfully completed their active oncology treatment course at our facility as of [Completion Date].

Treatment Summary:

- **Chemotherapy:** [Regimen Name], [Number of Cycles], [Start/End Dates]
- **Radiation Therapy:** [Dosage/Fractionation], [Target Area], [End Date]
- **Surgery:** [Procedure Name], [Date]
- **Immunotherapy/Other:** [Details, if applicable]

Response to Treatment:
[Description of latest scans, pathology results, or clinical response]

Post-Treatment Surveillance Plan:

- **Follow-up Appointments:** Every [Number] months with Oncology.
- **Imaging/Labs:** [Type of Scan/Bloodwork] scheduled for [Date/Frequency].
- **Maintenance Medication:** [Drug Name, Dosage, Duration, or "None"].

Signs of Recurrence/Red Flags:
Please monitor the patient for: [Specific symptoms related to cancer type].

Long-term Side Effects:
The patient may experience [List potential late effects such as fatigue, neuropathy, etc.].

We have advised the patient to continue regular health maintenance with your office. We will continue to see the patient for specialized oncological follow-up as noted above. If you have any questions, please contact our office at [Phone Number].

Sincerely,

[Oncologist Signature]
[Oncologist Printed Name]
[Department/Facility Name]