Date: [Insert Date]

Patient Name: [Insert Patient Full Name]
Date of Birth: [Insert DOB]
Patient ID: [Insert ID Number]

To: [Insert Primary Care Physician Name]

Oncology Discharge Summary

Diagnosis: [Insert Type and Stage of Cancer]

Reason for Discharge: [e.g., Completion of treatment / Transition to palliative care / Transfer of care]

Treatment Summary

[Describe chemotherapy cycles, radiation therapy, or surgical interventions performed.]

Current Medications

- [Medication Name] - [Dosage] - [Frequency]
- [Medication Name] - [Dosage] - [Frequency]

Follow-up Care Plan

Next Appointment: [Date and Time]

Required Imaging/Labs: [e.g., CT Scan, Blood Work]

Instructions for Patient

[Insert specific instructions regarding activity levels, diet, or warning signs to report.]

Sincerely,

[Doctor Name]
[Clinic Name]
[Contact Information]