Date: [Date]

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Medical Record Number: [MRN]

To: [Primary Care Physician Name / Referring Physician]

Subject: Chemotherapy Treatment Conclusion Discharge Letter

Dear Dr. [Physician Last Name],

This letter is to confirm that [Patient Name] has successfully completed their prescribed course of chemotherapy for [Diagnosis/Type of Cancer] on [Completion Date].

Treatment Summary

- **Regimen:** [Name of Chemotherapy Protocol]
- **Total Cycles Administered:** [Number]
- **Start Date:** [Start Date]
- **End Date:** [End Date]
- **Best Response:** [e.g., Complete Remission, Partial Response, Stable Disease]

Complications and Tolerance

[Brief description of any significant toxicities, hospitalizations, or dose adjustments during treatment].

Follow-Up Plan

- **Next Oncology Appointment:** [Date and Time]
- **Surveillance Imaging:** [Type of Scan] scheduled for [Date]
- **Laboratory Work:** [Frequency and type of blood tests required]

Maintenance Therapy (if applicable)

[Details of any ongoing hormonal therapy, immunotherapy, or oral medications].

Long-Term Monitoring

Please monitor the patient for late-term effects including [list specific risks such as cardiac function, neuropathy, or secondary malignancies].

If you have any questions regarding this patient's treatment or follow-up care, please contact the oncology department at [Phone Number].

Sincerely,

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