[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

Congratulations on completing your active cancer treatment at [Cancer Center Name]. This letter serves as your formal Survivorship Care Plan, designed to help you and your primary care team manage your health moving forward.

## Treatment Summary

**Diagnosis:** [Type and Stage of Cancer]
**Diagnosis Date:** [Date]
**Treatments Received:** [Surgery/Chemotherapy/Radiation/Immunotherapy]
**Completion Date:** [Date]

## Follow-Up Schedule

To monitor your recovery and screen for any signs of recurrence, please adhere to the following schedule:

- **Next Oncology Visit:** [Date/Frequency]
- **Lab Work/Blood Tests:** [Frequency]
- **Imaging (CT/MRI/Mammogram):** [Frequency]

## Late Effects and Wellness

Be aware of potential long-term side effects such as [Fatigue/Neuropathy/Other]. Please contact us if you experience new or worsening symptoms. We recommend maintaining a healthy diet, engaging in regular physical activity, and attending all scheduled screenings.

## Care Coordination

A copy of this plan has been sent to your primary care physician, [PCP Name]. Your oncology team remains available for any cancer-specific concerns, while your primary doctor will manage your general health and non-cancer related screenings.

It has been a privilege to care for you. Please contact our office at [Phone Number] if you have any questions regarding this plan.

Sincerely,

[Provider Name/Signature]
[Title]
[Cancer Center Name]