[Date]

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

Dear [Patient Name],

Congratulations on completing your outpatient oncology treatment at [Clinic/Hospital Name]. This letter officially confirms that you have finished your scheduled course of [Treatment Type, e.g., chemotherapy, radiation therapy] as of [Date of Last Treatment].

While your active treatment phase has concluded, your care continues through our survivorship and follow-up program. Ongoing monitoring is essential to your long-term health. Your next scheduled follow-up appointment is:

- **Date:** [Date]
- **Time:** [Time]
- **Provider:** [Physician Name]

We have sent a summary of your treatment and the recommended follow-up plan to your primary care physician, [PCP Name].

Please contact our office immediately at [Phone Number] if you experience any new symptoms, persistent pain, or have concerns regarding your recovery.

It has been a privilege to care for you. We look forward to seeing you at your next visit.

Sincerely,

[Provider Signature]
[Provider Printed Name]
[Title/Department]
[Clinic/Hospital Name]