Date: [Insert Date]

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

To: [Insert Primary Care Physician Name]

Subject: Oncology Discharge Summary and Clinical Remission Notification

Dear Dr. [Insert Physician Last Name],

This letter is to formally notify you that [Patient Name] has completed their oncology treatment for [Insert Cancer Type/Diagnosis]. I am pleased to confirm that the patient is currently in clinical remission.

Treatment Summary:

- **Diagnosis Date:** [Insert Date]
- **Clinical Stage:** [Insert Stage at Diagnosis]
- **Chemotherapy:** [Insert Regimen and Completion Date]
- **Radiation:** [Insert Site and Completion Date, if applicable]
- **Surgery:** [Insert Procedure and Date, if applicable]

Current Status:

Most recent imaging dated [Insert Date] and laboratory results dated [Insert Date] show no evidence of active disease (NED). The patient has tolerated the conclusion of therapy well and has been stable for [Insert Time Period].

Follow-Up and Surveillance Plan:

The patient has been transitioned to a survivorship care plan. Recommended follow-up includes:

- **Oncology Review:** Every [Number] months for [Number] years.
- **Imaging/Scans:** [Insert frequency and type of scans].
- **Blood Work:** [Insert specific tests, e.g., Tumor Markers, CBC, CMP] every [Number] months.

Discharge Instructions:

The patient has been instructed to report any new or persistent symptoms, such as unexplained pain, weight loss, or lumps, immediately. We will continue to monitor the patient for long-term side effects related to their specific treatments.

Please do not hesitate to contact our office at [Insert Phone Number] if you have any questions regarding this patient's history or future care.

Sincerely,

[Doctor Name, MD/DO]
[Department of Medical Oncology]
[Facility/Hospital Name]