[Hospital or Clinic Letterhead]

[Date]

To the family of [Patient Name],

Congratulations! This letter officially recognizes that **[Patient Name]** has completed their active treatment for [Diagnosis] on [Date].

This is a major milestone. Our entire team celebrates the strength, bravery, and resilience shown by [Patient Name] and your family throughout this journey.

Next Steps and Follow-up Care:

- **Survivorship Clinic:** Your first follow-up appointment is scheduled for [Date/Time] with [Provider Name].
- **Monitoring:** Regular check-ups, blood work, and imaging will continue to ensure long-term health.
- **Contact Information:** If you notice any new symptoms or have concerns, please call the oncology office at [Phone Number].

We have included a summary of the treatments received (chemotherapy, radiation, and/or surgery) for your permanent records. Please share this summary with your primary care pediatrician.

It has been a privilege to care for [Patient Name]. We look forward to seeing you at your upcoming survivorship visits.

Sincerely,

[Doctor Name/Signature]
[Title]
[Department of Pediatric Hematology/Oncology]