

Date: [Date]

To: [Surgeon Name]

Department: [Surgical Oncology / Specific Department]

Facility: [Hospital/Clinic Name]

RE: Urgent Surgical Consultation Request

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient Phone: [Phone Number]

Dear Dr. [Surgeon Last Name],

I am referring this patient to your office for an urgent surgical consultation following a confirmed malignant pathology report.

Clinical Summary:

- **Diagnosis:** [Specific Type of Malignancy]
- **Pathology Report Date:** [Date of Report]
- **Site of Lesion:** [Location]
- **Key Findings:** [Briefly mention Grade, Stage, or Size if known]

Reason for Referral:

Evaluation for surgical intervention, tumor resection, and further management of the confirmed malignancy.

Attached Documents:

- Pathology Report
- Relevant Imaging Reports (CT, MRI, Ultrasound)
- Recent Clinical Notes
- Patient Insurance Information

Please contact the patient directly to schedule an appointment. We would appreciate being kept informed of the treatment plan and surgical dates.

Sincerely,

[Referring Physician Signature]

[Referring Physician Name]

[Practice Name]

[Phone Number]

[Fax Number]