[Doctor Name]
[Facility Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Oncology Department Name]
[Specialist Name, if known]
[Address]
[City, State, Zip Code]

RE: Referral for Oncology Consultation

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Patient Phone: [Phone Number]

Dear Oncology Team,

I am referring this patient for an urgent oncology evaluation following abnormal tumor marker blood test results. The patient initially presented with [list symptoms or reason for testing].

Relevant Lab Results:

- **Marker:** [e.g., PSA, CA-125, CEA] | **Result:** [Value] | **Date:** [Date]
- **Marker:** [e.g., AFP, CA 19-9] | **Result:** [Value] | **Date:** [Date]

Clinical Findings:
[Briefly describe any physical exam findings or relevant imaging results like CT or Ultrasound].

Medical History:
[Brief summary of relevant past medical history and current medications].

I have attached the full laboratory reports and relevant imaging for your review. Please contact my office if you require any additional information.

Sincerely,

[Doctor Signature]

[Doctor Printed Name]
[NPI Number]