Date: [Date]

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

To: [Oncologist Name/Oncology Department]
Facility: [Oncology Center Name]
Fax/Phone: [Contact Information]

RE: Urgent Referral for Oncology Evaluation

Dear Dr. [Oncologist Last Name],

I am referring [Patient Name] for urgent evaluation and management following suspicious biopsy results. A biopsy was performed on [Date of Procedure] from the following site: [Anatomical Location].

Pathology Summary:
The pathology report, dated [Date of Report], indicates findings consistent with [Preliminary Diagnosis/Suspicious Findings]. Specifically, the report notes [Key Findings, e.g., cellular atypia, malignancy, or high-grade dysplasia].

Clinical History:
[Briefly describe symptoms, physical exam findings, and relevant imaging results].

Attached Documentation:

- Pathology Report
- Relevant Imaging (CT/MRI/Ultrasound)
- Recent Laboratory Results
- Current Medication List

The patient has been informed of these results and is aware of the need for this referral. We request a consultation for further staging and treatment planning.

Please contact our office at [Your Phone Number] if you require additional information. Thank you for your assistance with this patient's care.

Sincerely,

[Your Signature]
[Your Printed Name]

[Your Medical Title]
[Facility Name]