[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

Welcome to the Specialized Immunotherapy Program at [Facility Name]. We are pleased to partner with you in your treatment journey. Our team is dedicated to providing you with advanced care tailored specifically to your needs.

Immunotherapy works differently than traditional treatments by utilizing your body's immune system to fight disease. Because this approach is specialized, we have assigned a dedicated care coordinator to assist you with scheduling, education, and monitoring throughout the process.

Your Care Team:

- Lead Oncologist/Specialist: [Doctor Name]
- Care Coordinator: [Name]
- Nursing Contact: [Name/Department]

Next Steps:

- **Initial Orientation:** Your first educational session is scheduled for [Date] at [Time].
- **Baseline Testing:** Please complete the required lab work by [Date].
- **Patient Portal:** Ensure you are registered on our portal to track your appointments and message your team.

Enclosed you will find a guide detailing what to expect during your first infusion, potential side effects to monitor, and emergency contact information. Please review these materials before your next appointment.

We are committed to supporting you every step of the way. If you have any immediate questions, please contact our office at [Phone Number].

Sincerely,

[Sender Name]
[Title]
[Facility Name]