

Date: [Date]

RE: Transfer of Care for [Patient Full Name]

Date of Birth: [Patient DOB]

Diagnosis: [Primary Diagnosis and ICD Code]

To: [Receiving Oncologist Name or Facility Name]

Address: [Receiving Facility Address]

Dear Dr. [Receiving Physician Last Name],

I am writing to formally transfer the oncological care of [Patient Name], who is relocating to [New State/City] on [Relocation Date].

Clinical Summary:

The patient was diagnosed with [Stage and Type of Cancer] on [Diagnosis Date]. Their clinical course has included:

- **Surgery:** [Type of Procedure, Date, and Surgeon]
- **Chemotherapy/Systemic Therapy:** [Regimen Name, Number of Cycles Completed, Last Dose Date]
- **Radiation Therapy:** [Site, Total Dose, Completion Date]
- **Current Medications:** [List Current Oncology and Supportive Meds]

Current Status and Recent Imaging:

The patient's most recent restaging imaging on [Date] showed [Summary of Results, e.g., Stable Disease/NED]. Most recent laboratory results from [Date] indicate [Brief Summary of Pertinent Labs].

Plan of Care:

The current recommended plan is for [Description of Next Steps, e.g., Continued Surveillance/Next Cycle of Treatment due on Date].

Included Documentation:

Enclosed please find the following records:

- Pathology and Cytology Reports
- Operative Reports
- Imaging Reports (CT/PET/MRI)
- Treatment Flowsheets and Infusion Records
- Latest Clinic Progress Note

Thank you for assuming the care of this patient. Please contact my office at [Phone Number] or [Email] if you require any additional information.

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Facility Name]

[Contact Information]