

Date: [Insert Date]

RE: Patient Transfer of Care

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

To: [Receiving Physician/Oncologist Name]

Facility: [Receiving Hospital/Clinic Name]

Dear Dr. [Last Name],

This letter is to formally transfer the oncological care of [Patient Name] to your practice, effective [Transfer Date].

Diagnosis:

[Primary Cancer Type, Stage, and Grade]

[Date of Original Diagnosis]

Clinical History and Treatment Summary:

[Summarize surgery, radiation, or chemotherapy cycles completed]

[Relevant co-morbidities]

Current Medications:

[List current oncology and supportive care medications]

Most Recent Test Results:

[Imaging results - e.g., CT/PET scans]

[Relevant Tumor Markers]

[Last Pathology Report Summary]

Ongoing Treatment Plan & Recommendations:

[Detail pending treatments, scheduled follow-ups, or surveillance monitoring required]

Reason for Transfer:

[Patient relocation / Specialist second opinion / Transition to local care]

All relevant medical records, including pathology reports and imaging discs, have been [attached / sent via secure portal]. Please do not hesitate to contact our office at [Phone Number] if you require further information.

Sincerely,

[Physician Signature]

[Printed Name]

[Title/Department]
[Facility Name]