

Date: [Date]

From:

[Referring Physician Name]

[Facility Name]

[Phone Number]

[Email Address]

To:

[Receiving Oncologist Name]

[Department of Gynecologic Oncology]

[Facility Name]

RE: Patient Transfer / Referral

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

Dear Dr. [Last Name],

I am formally transferring the care of [Patient Name] to your specialist team for further evaluation and management of [Suspected/Confirmed Diagnosis, e.g., Stage II Ovarian Adenocarcinoma].

Clinical Summary:

The patient presented on [Date] with symptoms of [Symptoms]. Initial workup included [Imaging/Labs]. Results indicated [Key Findings]. A biopsy performed on [Date] confirmed [Histology/Pathology Results].

Current Status and Treatments:

To date, the patient has received the following interventions:

- [Surgery/Procedure Name and Date]
- [Chemotherapy Regimen/Cycles Completed]
- [Relevant Medications]

Reason for Transfer:

[Reason, e.g., Requirement for specialized surgical intervention, enrollment in clinical trials, or geographic relocation].

Enclosed Documentation:

Please find the attached pathology reports, operative notes, recent imaging (CT/PET/MRI), and current lab results.

The patient has been informed of this transfer and is expecting a call from your office to schedule an intake appointment. Please contact me directly if you require additional clinical details.

Sincerely,

[Signature]

[Printed Name and Credentials]