

**Date:** [Date]

**To:** [Receiving Physician/Clinic Name]

**Address:** [Receiving Clinic Address]

**Fax/Phone:** [Recipient Contact Info]

**RE: Transfer of Care**

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Medical Record Number:** [MRN]

Dear [Recipient Name],

This letter is to formally transfer the oncological care of [Patient Name] to your facility, effective [Effective Date]. The patient is relocating/requesting transfer for [Reason for Transfer].

**Diagnosis and Staging:**

[Primary Cancer Diagnosis, Histology, and Stage at Diagnosis]

**Clinical Summary:**

[Brief history of symptoms, date of diagnosis, and relevant comorbidities]

**Treatment History:**

- **Surgery:** [Procedure Date and Outcome]
- **Chemotherapy/Systemic Therapy:** [Regimen, Number of Cycles, and Date of Last Dose]
- **Radiation:** [Site, Total Dose, and Completion Date]

**Current Status:**

The patient is currently [Status: e.g., in remission, receiving active treatment, or requiring palliative care]. The last imaging performed on [Date] showed [Summary of Results].

**Pending Tasks/Follow-up Recommendations:**

[List any upcoming scans, labs, or appointments already scheduled]

Enclosed are the patient's pathology reports, operative notes, chemotherapy flowsheets, and most recent imaging reports. Please contact our office at [Phone Number] if you require further documentation.

Sincerely,

[Your Name, MD/DO]

[Your Clinic Name]

[Your Contact Information]