

**Date:** [Date]

**RE: Patient Transfer of Care**

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

**Date of Birth:** [DOB]

**Medical Record Number:** [MRN]

To: [Receiving Radiation Oncologist Name]

[Receiving Facility Name]

[Address]

Dear Dr. [Last Name],

This letter is to formally transfer the radiation oncology care of [Patient Name] to your facility for treatment continuity effective [Transfer Date].

**Clinical Diagnosis:** [ICD-10 Code / Description of Malignancy]

**Stage:** [TNM Stage]

**Intent of Therapy:** [Definitive / Adjuvant / Palliative]

**Treatment Progress to Date:**

- **Prescribed Dose:** [Total Dose in Gy] in [Number] fractions.
- **Delivered Dose:** [Delivered Dose in Gy] in [Number] fractions.
- **Remaining Dose:** [Remaining Dose in Gy] in [Number] fractions.
- **Last Treatment Date:** [Date of Last Fraction].
- **Treatment Technique:** [e.g., IMRT, VMAT, SBRT, 3D-CRT].
- **Energy:** [e.g., 6MV, 15MV].

**Treatment Planning Details:**

The patient was immobilized using [Type of Mask/Cradle]. Please find the attached DICOM RT structures, dose distribution files, and daily setup notes (IGRT protocols). Cumulative Dose-Volume Histogram (DVH) data for Organs at Risk (OARs) is also included.

**Clinical Status and Toxicity:**

To date, the patient has tolerated treatment [well / with the following side effects: List acute toxicities]. Concurrent chemotherapy [is / is not] being administered. [List Chemotherapy regimen and Medical Oncologist if applicable].

**Reason for Transfer:**

[Brief reason: e.g., Patient relocation, facility maintenance, patient preference].

I am available for any questions regarding this patient's treatment plan or clinical history. Thank you for ensuring the seamless continuation of their therapy.

Sincerely,

[Your Name, MD]  
[Department of Radiation Oncology]  
[Your Institution]  
[Phone Number]  
[Email Address]

**Attachments:**

1. Pathology and Imaging Reports
2. DICOM RT Plan, Structures, and Dose Files
3. Daily Treatment Records (End of Session Summary)