

Date: [Date]

RE: [Patient Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

Dear [Receiving Provider Name],

This letter serves to formally transition the care of [Patient Name] from [Pediatric Oncology Center Name] to your practice effective [Transition Date].

Diagnosis and Treatment Summary:

[Patient Name] was diagnosed with [Type of Cancer] on [Diagnosis Date]. Treatment included [Chemotherapy/Radiation/Surgery/Transplant]. The final date of active therapy was [End Date].

Current Status:

The patient is currently in [Remission/Stable State]. The most recent imaging/labs on [Date] showed [Results].

Late Effects and Monitoring:

Due to previous treatments, the patient is at risk for the following late effects:

- [Potential Complication 1]
- [Potential Complication 2]

We recommend the following surveillance schedule: [Frequency of labs/scans].

Medications:

[List of current medications or "None"]

Immunizations:

[Status of re-vaccination series if applicable]

Enclosed are the Survivorship Care Plan and the most recent clinical summaries. Please contact our office at [Phone Number] if you require further information.

Sincerely,

[Physician Name]

[Title]

[Pediatric Cancer Center Name]