

Date: [Date]

RE: Patient Referral/Transfer of Care

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Insurance: [Insurance Provider & ID Number]

To: [Receiving Physician/Clinic Name]

Department: Hematology/Oncology

Address: [Clinic Address]

Dear Dr. [Recipient Last Name],

I am formally referring [Patient Name] to your clinic for [Initial Consultation / Transfer of Care / Second Opinion] regarding a diagnosis of [Specific Diagnosis or Primary ICD-10 Code].

Clinical History:

The patient was originally diagnosed on [Date] with [Stage/Grade] [Cancer Type/Hematological Disorder]. To date, the patient has undergone the following treatments:

- **Chemotherapy/Systemic Therapy:** [Regimen Name and Last Cycle Date]
- **Radiation:** [Site and Completion Date]
- **Surgical Intervention:** [Procedure and Date]

Current Status:

[Describe current symptoms, latest lab results, or reason for transfer, e.g., patient relocating, clinical trial eligibility, or transition to maintenance therapy].

Attached Documentation:

The following records are enclosed for your review:

- Pathology and Cytology reports
- Recent Imaging (CT, PET, MRI) and Radiology reports
- Latest Bone Marrow Aspirate/Biopsy results (if applicable)
- Recent Laboratory work (CBC, CMP, Tumor Markers)
- Flow Cytometry or Genetic/Molecular profiling

The patient is aware of this referral and expects a call from your office to schedule an appointment. Please contact our office at [Your Phone Number] if you require further clinical information.

Sincerely,

[Your Signature]

[Your Printed Name and Title]

[Your Clinic Name]

[Your Contact Information]