

Date: [Date]

To: [Oncologist Name/Oncology Department]

Facility: [Facility Name]

Address: [Facility Address]

RE: [Patient Full Name]

DOB: [Patient Date of Birth]

ID: [Patient ID Number, if applicable]

Dear Dr. [Oncologist Last Name],

I am referring [Patient Name] to your care for evaluation and management of [Suspected/Confirmed Diagnosis].

Clinical Presentation:

The patient recently presented with [brief description of symptoms, e.g., a palpable mass, unexplained weight loss, or abnormal screening results].

Diagnostic Findings:

Initial workup includes the following:

- Imaging: [e.g., CT scan, MRI, Ultrasound] performed on [Date] showing [Key Finding].
- Laboratory Results: [e.g., CBC, Tumor Markers] showing [Key Finding].
- Biopsy: [e.g., Pathology report details if already performed].

Medical History:

The patient's relevant medical history includes [list significant comorbidities]. Current medications are [list medications]. There is [a/no] family history of [specific cancer type].

Reason for Referral:

I am requesting a formal consultation for [diagnosis confirmation / staging / treatment planning]. We have discussed the findings, and the patient is ready to proceed with oncology specialist care.

Please find the attached medical records, imaging reports, and pathology results. We would appreciate being kept informed of the treatment plan and progress.

Sincerely,

[Your Name/Signature]

[Your Title/Practice Name]

[Contact Phone Number]

[Fax Number]