

Date: [Date]

RE: Care Transfer for [Patient Full Name]

Date of Birth: [DOB]

Diagnosis: [Type and Stage of Cancer]

Dear [Primary Care Physician Name],

I am writing to formally transfer the primary medical follow-up of [Patient Name] to your care. The patient has completed active treatment for [Type of Cancer] and is currently in clinical remission.

Treatment Summary:

- **Surgery:** [Type and Date, if applicable]
- **Chemotherapy:** [Regimen and Completion Date]
- **Radiation:** [Site and Total Dosage]
- **Other Therapies:** [Immunotherapy, Hormonal Therapy, etc.]

Survivorship Care Plan:

To ensure continued wellness and early detection of recurrence, we recommend the following surveillance schedule:

- **Physical Exams:** [Frequency, e.g., Every 6 months]
- **Laboratory Tests:** [Specific tests, e.g., CBC, Tumor Markers]
- **Imaging:** [Type and Frequency, e.g., Annual CT Scan]

Late Effects and Monitoring:

Please monitor the patient for potential long-term side effects including: [List risks, e.g., cardiotoxicity, neuropathy, fatigue].

The patient has been instructed to contact your office for routine health maintenance and to contact our oncology clinic if any symptoms suggestive of recurrence arise. We remain available for consultation should any concerns develop.

Sincerely,

[Oncologist Signature]

[Oncologist Printed Name]

[Oncology Clinic Name]

[Contact Information]