Date: [Date]

Re: [Patient Full Name]
DOB: [Date of Birth]
ID Number: [Patient Medical Record Number]

To: [Receiving Physician/Provider Name]
Facility: [Receiving Hospital/Clinic Name]

Dear [Physician Name],

This letter is to formally transfer the oncological care of [Patient Name] to your practice effective [Date].

Primary Diagnosis:

- Cancer Type: [e.g., Adenocarcinoma of the Colon]
- Stage: [e.g., T3N1M0, Stage IIIb]
- Date of Initial Diagnosis: [Date]
- Molecular/Biomarker Status: [e.g., MSS, KRAS Wild-type, HER2 Negative]

Clinical Summary and Treatment History:

- **Surgery:** [Date, Procedure, and Results/Margins]
- **Chemotherapy/Systemic Therapy:** [Regimen Name, Number of Cycles completed, and Last Dose Date]
- **Radiation:** [Dosage, Target Area, and Completion Date]
- **Current Response:** [e.g., Complete Remission, Partial Response, Stable Disease]

Current Medications:
[List current medications and dosages]

Outstanding Issues/Ongoing Management:
[Note any toxicity, upcoming scans, or specific monitoring requirements]

Reason for Transfer:
[e.g., Patient relocation, transition to local community oncology, second opinion]

Attached please find the most recent pathology reports, operative notes, imaging results, and the most recent laboratory workup. I have discussed this transfer with the patient, and they are in agreement with this plan.

Please contact my office at [Phone Number] or [Email Address] if you require further clinical details.

Sincerely,

[Signature]
[Printed Name]
[Title/Department]
[Organization]