[Your Name/Clinic Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Oncologist Name]
[Oncology Department/Clinic Name]
[Address]
[City, State, Zip Code]

RE: Referral and Transfer of Medical Records for [Patient Full Name]

Dear Dr. [Oncologist Last Name],

I am writing to formally refer my patient, [Patient Full Name] (DOB: [Date of Birth]), to your care for further evaluation and management of [Type of Cancer or Specific Symptoms].

Enclosed with this letter, please find the patient's comprehensive medical history, which includes:

- Diagnostic imaging reports (CT, MRI, PET scans)
- Pathology and biopsy results
- Recent laboratory and blood work results
- Current medication list and known allergies
- Summary of previous treatments or interventions

The patient has been informed of this referral and is expecting a call from your office to schedule an initial consultation. Should you require any additional documentation or have specific questions regarding this case, please contact my office directly at [Your Phone Number].

Thank you for providing your expertise in the care of this patient.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Credentials]