

Medical Referral Request

Date: [Insert Date]

To: [Oncology Specialist's Name]

[Oncology Specialist's Address]

[City, State, Zip Code]

Dear [Oncology Specialist's Name],

I am writing to refer my patient, [Patient's Name], who has been experiencing [brief description of symptoms or concerns]. After conducting a thorough evaluation and considering the patient's medical history, I believe it is essential for [him/her/them] to receive specialized oncology services.

Patient Details:

- Name: [Patient's Full Name]
- Date of Birth: [Patient's DOB]
- Insurance Information: [Patient's Insurance Details]
- Contact Number: [Patient's Phone Number]

Clinical Information:

- Diagnosis: [Diagnosis Name]
- Relevant Medical History: [Brief Medical History]
- Current Medications: [List of Medications]

Following my assessment, I would like to request an appointment for [Patient's Name] at your earliest convenience for further evaluation and management of [his/her/their] condition.

Thank you for your attention to this matter. Please feel free to contact me at [Your Phone Number] or [Your Email] should you require any further information.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Institution/Practice Name]

[Your Contact Information]