

Oncology Referral Partnership Confirmation

Date: [Insert Date]

Dear [Referring Physician's Name],

We are pleased to confirm our oncology referral partnership between [Your Institution/Practice Name] and [Referral Institution/Practice Name]. We believe that this collaboration will enhance the care we provide to our mutual patients.

As part of this partnership, we will ensure that all necessary information regarding patient referrals is communicated efficiently and that we work closely to provide comprehensive care.

Please find attached the details of our referral processes and a contact list for your convenience.

Thank you for your trust in our services. We look forward to collaborating with you to provide exceptional oncology care.

Best Regards,

[Your Name]

[Your Title]

[Your Institution/Practice Name]

[Your Contact Information]