

Oncology Referral Partnership Framework

Date: [Insert Date]

To:

[Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to establish a partnership between [Your Organization] and [Recipient's Organization] as part of our Oncology Referral Partnership Framework. This initiative aims to enhance patient care and optimize the referral process for our oncology patients.

Our partnership will focus on the following key areas:

- Streamlined referral processes for patients needing specialized oncology care.
- Regular interdisciplinary meetings to discuss patient cases and collaborate on treatment plans.
- Shared resources and facilities to improve access to care for our patients.
- Ongoing professional development opportunities for healthcare providers working in oncology.

We believe that by working together, we can significantly improve the quality of care and outcomes for our oncology patients. I would appreciate the opportunity to discuss this partnership further and explore how we can collaborate effectively.

Please let me know a convenient time for us to meet or have a call to discuss this initiative in detail.

Thank you for considering this partnership opportunity. I look forward to your response.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]