

# Oncology Referral Letter

**Date:** [Insert Date]

**Referring Physician:** [Referring Physician's Name]

**Referring Physician's Contact:** [Phone Number, Email]

**Recipient Oncologist:** [Oncologist's Name]

**Oncologist's Practice/Institution:** [Institution Name]

**Oncologist's Contact:** [Phone Number, Email]

## Patient Information

**Patient Name:** [Patient's Name]

**Date of Birth:** [Patient's DOB]

**Medical Record Number:** [Patient's MRN]

## Referring Details

Dear Dr. [Oncologist's Last Name],

I am writing to refer [Patient's Name] for evaluation and management regarding a suspected oncology condition. The patient has presented with the following symptoms:

- [Symptom 1]
- [Symptom 2]
- [Symptom 3]

Diagnostic investigations to date include:

- [Investigation 1]
- [Investigation 2]
- [Investigation 3]

## Clinical Background

[Brief summary of the patient's clinical history and relevant health issues.]

## **Additional Information**

If you require additional information, please feel free to contact me directly. Thank you for your assistance with this patient.

Sincerely,

[Referring Physician's Name]

[Referring Physician's Signature]

[Referring Physician's Contact Information]