## **Oncology Treatment Follow-Up**

Date: [Insert Date]

| Dear [Participant's Name],   |
|--|
| We hope this letter finds you well. As a participant in our clinical trial for oncology treatment, we are reaching out to follow up on your health status and experience since your last visit.  |
| Please let us know how you have been feeling, any side effects you may have experienced, or any other concerns you would like to discuss. Your feedback is crucial for the success of our study and the advancement of cancer treatment options. |
| We would like to schedule a follow-up appointment at your earliest convenience. Please contact us at [Contact Information] to arrange a suitable time.   |
| Thank you for your continued participation and contribution to our research.   |
| Sincerely,   |
| [Your Name]  |
| [Your Title]   |
| [Your Institution]   |
| [Contact Information]  |