

# Oncology Treatment Follow-Up

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Dear [Insert Patient Name],

We are writing to follow up on your recent oncology treatment and to discuss your ongoing palliative care. Your health and well-being remain our top priority, and we want to ensure that you are receiving the best possible support during this time.

## Treatment Summary

During your last visit on [Insert Last Visit Date], we discussed the following aspects of your treatment:

- Current medications and dosages
- Side effects experienced
- Response to treatment
- Additional support services available

## Next Steps

For your continued care, we recommend:

1. Follow-up appointment on [Insert Date]
2. Contacting our palliative care team at [Insert Contact Info] for any concerns
3. Managing symptoms with prescribed medication

## Support Resources

We encourage you to utilize our support resources:

- Support groups: [Insert Group Details]
- Psychological counseling: [Insert Provider Info]
- Nutritional guidance: [Insert Dietitian Info]

Please remember that you can reach out to us at any time with questions or concerns. Your comfort and care are our primary focus.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]

[Healthcare Facility Name]