

Cancer Screening Referral for Specialty Services

Date: [Insert Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Name], who requires further evaluation and management for potential [specific cancer type] following recent screening results. The screening was conducted on [insert date of screening], and the findings are as follows:

- Screening Type: [e.g., Mammogram, Colonoscopy]
- Result: [e.g., Abnormal, Positive, Suspicious]
- Additional Notes: [Any relevant findings]

Given these results, I believe it is essential for [Patient's Name] to be seen by a specialist in [specific specialty] for comprehensive assessment and management. Please find all relevant medical records attached for your review.

Patient's contact information: [Patient's Phone Number], [Patient's Email]

Thank you for your attention to this matter. Please feel free to contact me at [Your Phone Number] or [Your Email] should you require any further information.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Practice Name]

[Institution Address]

[City, State, Zip Code]