

Oncology Treatment Consultation Request

From: [Your Name]

Address: [Your Address]

Email: [Your Email]

Phone: [Your Phone Number]

Date: [Current Date]

To: [Oncologist's Name]

Hospital/Clinic Name: [Hospital/Clinic Address]

Dear [Oncologist's Name],

I am writing to request a consultation regarding oncology treatment for my [relation, e.g., father, mother, etc.], [Patient's Name], who has been diagnosed with [type of cancer]. We would like to explore potential treatment options and discuss the best plan moving forward.

Background information:

- **Diagnosis:** [Diagnosis Details]
- **Current Treatment:** [Current Treatment Details]
- **Medical History:** [Relevant Medical History]

Please let us know your available dates for a consultation, as we are eager to begin discussing potential treatment strategies.

Thank you for your attention and assistance.

Sincerely,

[Your Name]