

Patient Referral Letter

Date: _____

To: **Oncology Services Department**
[Oncology Facility Name]
[Facility Address]
[City, State, Zip Code]

Dear [Oncologist's Name or To Whom It May Concern],

I am writing to refer my patient, **[Patient's Full Name]**, a **[Age]** year old **[Gender]**, who has been experiencing **[brief description of symptoms or medical condition]** that necessitates further evaluation and management.

Patient Information:

- **Patient ID:** [Patient ID]
- **Date of Birth:** [DOB]
- **Contact Number:** [Patient's Phone Number]
- **Insurance Information:** [Insurance Provider, Policy Number]

Medical History:

[Provide relevant medical history, including previous treatments, surgeries, and any pertinent family history]

Current Medications:

[List current medications]

Enclosed are copies of the patient's medical records, lab results, and any pertinent imaging studies for your review.

Please feel free to contact me at **[Your Phone Number]** or **[Your Email Address]** if you need further information or have any questions regarding this referral.

Thank you for your attention to this matter. I look forward to your expert evaluation and management of **[Patient's Name]**.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Practice/Clinic Name]

[Practice Address]

[City, State, Zip Code]