

# Patient Inquiry for Supportive Oncology Services

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Healthcare Institution/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. My name is [Your Name], and I am a patient currently undergoing treatment for [specific cancer type] at [treatment facility]. I am reaching out to inquire about the supportive oncology services that your institution offers.

As I navigate through my treatment journey, I am interested in learning more about the following services:

- Pain management options
- Nutritional counseling
- Psychosocial support programs
- Physical rehabilitation services
- Caregiver support resources

Could you please provide me with information regarding the availability of these services, as well as any necessary referrals or steps I should take to access them? Your assistance would be greatly appreciated as I strive for the best possible quality of life during my treatment.

Thank you for your time and support. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Contact Information]

[Optional: Your Patient ID or any relevant reference number]