

Referral Request for Supportive Oncology Services

From: [Your Name]
Position: [Your Position]
Facility: [Your Facility]
Email: [Your Email]
Phone: [Your Phone Number]
Date: [Date]

To: [Recipient's Name]
[Recipient's Position]
[Recipient's Facility]
[Recipient's Address]

Dear [Recipient's Name],

I am writing to request a referral for supportive oncology services for my patient, [Patient's Name], who is currently undergoing treatment for [Type of Cancer] diagnosed on [Diagnosis Date].

Patient Details:

Age: [Patient's Age]
Diagnosis: [Diagnosis Details]
Treatment Plan: [Current Treatment Plan]
Relevant Medical History: [Patient's Medical History]

[Patient's Name] has expressed a need for additional supportive care services, including [list specific services needed, e.g., pain management, nutritional support, psychological counseling]. I believe that your team can provide [him/her/them] with the comprehensive support needed during this challenging time.

Please find attached the relevant medical records and treatment details for your review. I appreciate your assistance in this matter and would greatly value your expertise in providing the best possible care for [Patient's Name].

Thank you for considering this referral. I look forward to your response.

Sincerely,

[Your Name]
[Your Position]
[Your Facility]