

**DATE:**

[Date]

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**RECIPIENT INFORMATION**

**TO:**

[Referring Provider Name / Oncology Department]

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**FACILITY:**

[Facility Name]

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**FAX/PHONE:**

[Recipient Contact Information]

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**PATIENT INFORMATION**

**PATIENT NAME:**

[Full Name]

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**DOB:**

[Date of Birth]

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**INSURANCE:**

[Provider Name & Policy Number]

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Dear [Provider Name],

I am writing on behalf of **[Referring Physician Name]** to formally refer the above-mentioned patient for oncology evaluation and management regarding **[Diagnosis/Reason for Referral]**.

**Clinical Summary:**

[Brief clinical history and ICD-10 codes]

**Urgency:**

Routine    Urgent (Requested within [Number] days)

**Attached Documentation:**

- Pathology Reports
- Imaging/Radiology Results (CT, PET, MRI)
- Recent Lab Work (CBC, CMP, Biomarkers)
- Current Medication List
- Insurance Authorization

Please notify our office once an appointment has been scheduled so we may update our records. If you require additional clinical data, please contact me directly.

Sincerely,

[Medical Assistant Name]

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**CLINIC NAME:**

[Referring Clinic Name]

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**PHONE:**

[Direct Extension]

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