

**Oncologist:** \_\_\_\_\_  
**Street:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

DATE: \_\_\_\_\_

RE: Initiation of oral cancer therapy

Dear Dr. \_\_\_\_\_:

This letter serves as a follow up communication regarding our mutual patient listed below who was initiated on an oral cancer therapy to treat his/her cancer. Pertinent information regarding the patient's diagnosis and the oral cancer therapy we have prescribed is listed below:

Name:	DOB:
Diagnosis:	Staging:
Drug:	Dose:
Route:	Frequency:
Duration:	Date Prescribed:
Treatment Goal: Curative [ ] Palliative [ ]	

The patient has been instructed how to manage potential treatment symptoms and toxicities.

There may be times when the patient may call your office for advice on symptoms they are experiencing. Even though the symptoms may not seem to be severe, early symptom management plays a crucial role for patients taking an oral cancer therapy. We ask that if the patient calls your office with any symptoms that you think may be associated with the oral cancer therapy, please instruct them to contact our office above.

Most oral cancer therapies have a high propensity for drug/drug interactions; please consult with us prior to the initiation of any new medical regimen.

Thank you for your on-going assistance with the care of our mutual patient.

Sincerely,

Name: \_\_\_\_\_ Phone: \_\_\_\_\_