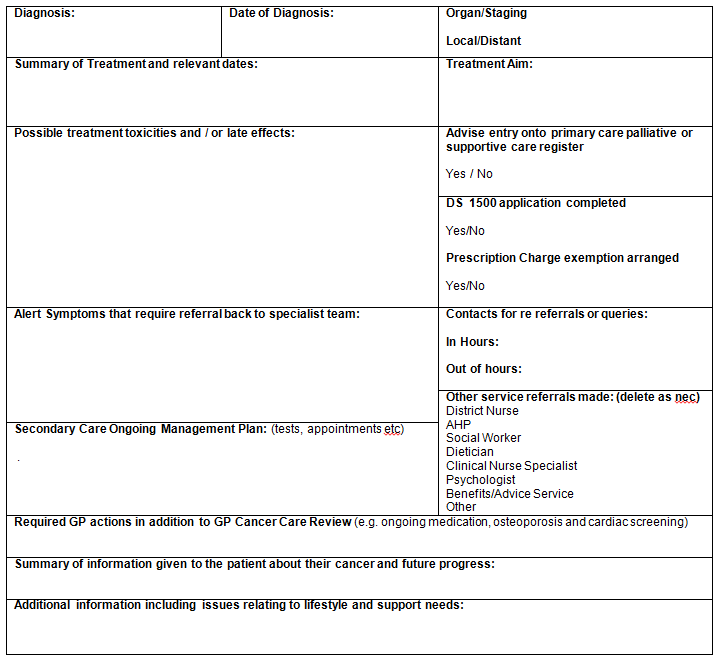
**Cancer Treatment Summary**

**File location Urology/Oncoloy:**

Dear Dr X

**Re: Add in patient name, address, date of birth and record number**

Your patient has now completed their initial treatment for cancer and a summary of their diagnosis, treatment and on-going management plan are outlined below. The patient has a copy of this summary.



**Completing Doctor:**   **Signature: Date:**