Date

|  |
| --- |
| UR and barcode |

Dr Referrer

Practice name

00 Primary Street

Suburb 0000

**Patient discharged from [Health Service] Specialist Clinics**

Dear Dr [Name],

Re: **Name:** [Patient name]

**DOB:** [Date of birth]

**Address:** [Address]

 **UR number:** [UR]

 **Clinic:** [clinic ID]

 **Referral date:** [date]

[Title] [surname] has now been discharged from the above clinic. This is because they have **finished treatment** and **we are transferring their care back to you**.

We have also sent a letter to your patient advising them of this.

If your patient still requires an appointment in this clinic or further specialist review in the future, a new referral will be required.

If you have any questions, please call us on the **GP Priority Line on (03) xxxx xxxx** between **x am – x pm Monday to Friday**.

Yours sincerely,

[Name]
Manager

[Health Service] Specialist Clinics