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

****Date

Mr P Patient

00 Primary Street

Suburb 0000

Need an Interpreter?
 call: (03) xxxx xxxx

Dear [Title] [Name],

**Missed appointment**

Our records show you missed your appointment on [original date] at the [xx] clinic.

Your new appointment details are:

**Appointment**

|  |  |  |
| --- | --- | --- |
|  | **Clinic** | **[Clinic]**  |
|  |  **Date** | **[Day] [DD] [MMM] [YYYY]**  |
|  | **Time** | **[HH]:[MM][AM/PM]**  |
|  | **Address** | **[Health Service] Specialist Clinics**Number Street name, Suburb, Postcode[Floor], [Building name][reception] (turn over to see map) |

Please **call us on (03) xxxx xxxx** between **x am – x pm Monday to Friday** if you need to cancel or change your appointment.

Your health is important to us. We look forward to seeing you.

Yours sincerely,

[Name]

Manager

[Health Service] Specialist Clinics