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

****Date

Mr P Patient

00 Primary Street

Suburb 0000

Need an Interpreter?
 call: (03) xxxx xxxx

Dear [Title] [Name],

Our records show you **missed** this appointment.

|  |  |  |
| --- | --- | --- |
|  | **Clinic** | **[Clinic ID]**  |
|  |  **Date** | **[Day] [DD] [MM] [YYYY]**  |
|  | **Time** | **[HH]:[MM][AM/PM]**  |

If you still need an appointment at this clinic, please **call us on (03) xxxx xxxx** between **x am – x pm** **Monday to Friday**.

Your health is important to us.

If we do not **hear from you within 30 days**, we will **not arrange another appointment** for you.

We look forward to hearing from you.

Yours sincerely,

[Name]
Manager

[Health Service] Specialist Clinics