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| UR and barcode |

Date

Mr P Patient

00 Primary Street

****Suburb 0000

Need an Interpreter?
 call: (03) xxxx xxxx

Dear [Title] [Name],

**Your referral has not been accepted**

**Clinic:** [clinic ID]

 **Referral date:** [date]

 **Referrer:** [referrer]

Your referral was reviewed by our Specialist Clinics Team.

Unfortunately, we cannot accept this referral at this time.

The reason is that it **does not include enough information** about you, your health condition and the reason for the referral.

We have informed your General Practitioner (GP). Please speak to them about this.

Yours sincerely,

[Name]
Manager

[Health Service] Specialist Clinics