Date

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| --- |
| UR and barcode |

Dr Referrer

Practice name

00 Primary Street

Suburb 0000

**Referral to Specialist Clinics – Not accepted**

Dear Dr [Name],

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

**DOB:** [Date of birth]

**Address:** [Address]

**Clinic:** [clinic ID]

**Referral date:** [date]

We received a referral for your patient to attend the above clinic.

We **are not able to accept this referral** because [Reason 1, 2, 3].

Referral guidelines and other information about [Health Service] Specialist clinics are available on our website at [website]. Please see HealthPathways <http://melbourne.healthpathways.org.au> for other health services and/or further information about treatment options for your patient.

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

**Reasons**

1. **we do not provide this service** at our hospital.
2. it **requests assessment for a cosmetic/aesthetic procedure**. Public hospitals do not provide cosmetic/aesthetic procedures without a specified medical indication.
3. it **does not meet the Statewide Referral Criteria**.
4. it **is incomplete or does not have the information required to assess the request.** You will need to send an updated referral with all required information.