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| UR and barcode |

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Date

Mr P Patient

00 Primary Street

Suburb 0000

Need an Interpreter?
 call: (03) xxxx xxxx

Dear [Title] [Name],

**Clinic:** [clinic ID]

 **Referral date:** [date]

 **Referrer:** [referrer]

This letter is to confirm that, as discussed at your last appointment, you **do not need** any further appointments at this clinic.

Your specialist has sent a **letter to your General Practitioner (GP)** to handover **your ongoing care.**

If you have any concerns about your health, contact your GP.

If you need a specialist clinic appointment in the future, your GP can make a new referral to [Health Service] Specialist Clinics.

If you have any questions about this letter, please **call us on (03) xxxx xxxx** between **x am – x pm Monday to Friday**.

Yours sincerely,

[Name]
Manager

[Health Service] Specialist Clinics