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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],

**You are on the waiting list**

**Clinic:** [clinic name]

 **Referral date:** [date]

 **Referrer:** [referrer]

We received a referral for you for the above clinic. You are now on a waiting list.

The **current waiting time** for this clinic is **[XX] months**.

We **will contact yo**u when there is an appointment available.

If your health condition changes, please visit your General Practitioner (GP).

In an emergency, go to your nearest hospital emergency department.

Please **tell us** if you

* Change your address or phone number
* Do not need an appointment with this clinic
* Change your GP

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

Yours sincerely,

[Name]
Manager

[Health Service] Specialist Clinics