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

****Date

Mr P Patient

00 Primary Street

Suburb 0000

Need an Interpreter?
 call: (03) xxxx xxxx

Dear [Title] [Name],

You have a **series of appointments** with [Health Service] Specialist Clinics.

 **Please bring with you:**

1. This **letter**
2. Your **Medicare** Card
3. A complete list of current **medicines** you are taking
4. **Relevant test results** or scans
5. Your **General Practitioner’s (GP) name**, address and phone number
6. Your Advance Care Directive (if you have one)

**Appointments**

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

**The address is: [Health Service] Specialist Clinics**

 Number Street name, Suburb, Postcode

[Floor], [Building name]

[reception] (turn over to see map)

Please **call us on (03) xxxx xxxx** between **x am – x pm Monday to Friday** if you need to cancel or change your appointment.

Your health is important to us. We look forward to seeing you.

Yours sincerely,

[Name]
Manager

[Health Service] Specialist Clinics