Date

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| --- |
| UR and barcode |

Dr Referrer

Practice name

00 Primary Street

Suburb 0000

**Patient discharged from [Health Service] Specialist Clinics**

Dear Dr [Name],

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

**DOB:**  [Date of Birth]

**Address:** [Address]

 **Clinic:** [clinic ID]

 **Referral date:** [Date]

[Title] [Surname]has now been discharged from the above clinic. This is because they have **cancelled multiple appointments.**

We have also sent a letter to your patient advising them of this.

If your patient still requires an appointment in this clinic or further specialist review in the future, a new referral will be required.

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