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

****Date

Mr P Patient

00 Primary Street

Suburb 0000

Need an Interpreter?
 call: (03) xxxx xxxx

Dear [Title] [Name],

**Appointment change**

You **asked us to change your appointment** for [original date] in the [Clinic type] clinic.

Your **new appointment** details are:

|  |  |  |
| --- | --- | --- |
|  | **Clinic** | **[Clinic]**  |
|  |  **Date** | **[Day] [DD] [MMM] [YYYY]**  |
|  | **Time** | **[HH]:[MM][AM/PM]**  |
|  | **Address** | **[Health Service] Specialist Clinics**Number Street name, Suburb, Postcode[Floor], [Building name][reception] (turn over to see map) |

**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)

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