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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],

**Appointment available**

 **Clinic:** [clinic ID]

 **Referral date:** [date]

 **Referrer:** [referrer]

We are now able to make an appointment for you in the above clinic.

Please contact us within 2 weeks so that we can make a time that suits you.

To make a booking, please **call us on (03) xxxx xxxx** between **x am – x pm Monday to Friday**.

Or you can make a booking online [website].

Your health is important to us.

We look forward to seeing you.

Yours sincerely,

[Name]
Manager

[Health Service] Specialist Clinics