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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],

**Your referral has not been accepted**

**Clinic:** [clinic name]

 **Referral date:** [date]

 **Referrer:** [referrer]

Your referral was reviewed by our Specialist Clinics team.

Unfortunately we cannot accept this referral as we do not provide this service at our hospital.

We have informed your General Practitioner (GP). Please speak to them about this.

Yours sincerely,

[Name]
Manager

[Health Service] Specialist Clinics