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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],

**Cancelled appointments**

 **Clinic:** [clinic ID]

 **Referral date:** [date]

 **Referrer:** [referrer]

Our records show you have **cancelled many appointments**.

You will **not be given another appointment** at this clinic.

If you still need an appointment at this clinic, please see your General Practitioner (GP). You will need a new referral.

If you have any questions about this letter, please **(03) xxxx xxxx** between **x am – x pm Monday to Friday**.

Yours sincerely,

[Name]
Manager

[Health Service] Specialist Clinics