Date

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

Dr Referrer

Practice name

00 Primary Street

Suburb 0000

**Missed appointment - [Health Service] Specialist Clinic**

Dear Dr [Name],

Re: **Name:** [Patient name],

**DOB:** [Date of birth]

**Address:** [Address]

 **Referral date:** [date]

Our records show your patient **missed** this appointment and did not tell us:

|  |  |  |
| --- | --- | --- |
|  | **Clinic** | **[Clinic ID]** |
|  |  **Date** | **[Day] [DD] [MMM] [YYYY]**  |
|  | **Time** | **[HH]:[MM][AM/PM]**  |

Please let us know if your patient’s contact details or circumstances have changed.

Yours sincerely,

[Name]
Manager

[Health Service] Specialist Clinics