|  |
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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],

You have a **new** **appointment** with the [Health Service] Specialist Clinics.

 **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)

**New Appointment**

|  |  |  |
| --- | --- | --- |
|  | **Clinic** | **[Clinic]**  |
|  |  **Date** | **[Day] [DD] [MMM] [YYYY]**  |
| https://upload.wikimedia.org/wikipedia/commons/thumb/0/08/Simple_icon_time.svg/200px-Simple_icon_time.svg.png | **Time** | **[HH]:[MM][AM/PM]**  |
| https://upload.wikimedia.org/wikipedia/commons/thumb/a/a4/Rpb_map_icon.svg/200px-Rpb_map_icon.svg.png | **Address** | **[Health Service] Specialist Clinics**Number Street name, Suburb, Postcode[Floor], [Building name][reception] (turn over to see map) |

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