***Customise this letter by inserting practice name & logo here***

Patients Name

Address 1

Address 2

Town/ Suburb

State/ Post code

Date (Day/Month/Year)

*SAMPLE LETTER*

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_,

We are writing to inform you of new treatments which have become available to better manage a health issue that affects you.

Please ring the clinic at your earliest convenience on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to make an appointment time to discuss this with your doctor.

Thank you.

Yours sincerely

YOUR NAME

YOUR TITLE

 *• Ensure the envelope is addressed to the Patient and marked private and confidential.*

 *• Ensure a copy of the letter is saved in the Patient’s Health Record.*