Logo

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**Covid-19 Test Referral Letter**

**Healthcare Provider:**

«HealthCareProvider»

HPCSA No.: «HPCSANumber»

Dispensary No.: «DispensaryNumber»

**Physical Address:**

«PhysicalAddress»

**Contact Details: «ContactDetail»**

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To whom it may concern,

«PatientName», born on «DateOfBirth» was evaluated on the «EvaluationLocation» platform. The patient is being referred to your facility for more evaluation and services.

**Covid-19 Test Type:**  «ExaminationType»

**Covid-19 Test Referral Reason:** «ExamReason»

**Covid-19 Test Facility Type:** «FacilityType»

**Date:** «AuthoredOn»

**Additional Comments:** «Comment»

Regards,

«QualificationName»(«QualificationIssuerName»)

«PractitionerRole»

A picture containing silhouette

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