Logo

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**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.

**Facility:** «ReferralFacility»

**Speciality:** «Speciality»

**Receiving Practitioner:** «ReceivingPractitioner»

**Referral Reasons:** «ReferralReason»

**Date:** «AuthoredOn»

**Additional Comments:** «Comment»

Regards,

«QualificationName» («QualificationIssuerName»)

«PractitionerRole»

A picture containing silhouette

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