**<DrDetails>**

<DrQualifications>

<PracticeLetterhead>

**RE**: <PtDetails>

 Date of Birth:  <PtDoB>

Phone: <PtPhoneH>  or  Mobile <PtPhoneMob>

<TodaysDate>

<AdrDetails>

Dear <AdrGreeting>,

Thank you for seeing <PtName>, aged <PtAge>, for an assessment and management as required.

**Past Medical History:**

<SelectedPMH>

**Allergies:**

<Reactions>

**Current Medications**:

<CurrentRx>

Yours Sincerely,

<DrName>

<DrProviderNo>

<Name><Job Title>  
  
**<Practice>**  
<Address>  
<Telephone>  
<Fax>