|  |  |
| --- | --- |
|  | ${Hospital address} |
| ${GP name}  ${GP address} |  |
|  | ${now} |

Dear, ${GP name},

**${First name} ${Last name}, ${Hospital ID|integer}, DOB: ${Date of birth|date}**

|  |  |
| --- | --- |
| Main diagnoses: | 1. ${Main diagnoses} |
| Plan: | 1. ${Plan} |
| Medications: | 1. ${Medications} |

${Main body}

Yours sincerely,

{{ signature }}

${Your name} ${Your postnominals}

${Your position}