

Date:

Dear Doctor,

Re: Name

DOB

Address

Male

Female

This patient has had a

and has been an inpatient at

hospital under the care of

Dr

Their expected discharge date from hospital is:

I would be grateful if you could arrange an appointment in the Early Stroke Discharge Program clinic as soon as possible.

This referral is valid for 3 months.

Yours sincerely,

Name of Doctor (please PRINT clearly):

Signature of referring doctor:

Provider No (please PRINT clearly):

Please note: A provider number of the referring doctor is required to ensure the ESD medical clinic can bulk bill for this patient's medical consultations. Please contact Medicare Australia on 132 150 if you are unsure of your provider number.