**Notice of Appointment**

This document contains patient personal information and is intended for the receiver only. If you have received this facsimile in error, please notify the sender immediately and destroy this document.

|  |  |
| --- | --- |
| Date |  |
| To |  |
| Fax Number |  |

|  |  |  |
| --- | --- | --- |
| Patient Name | DOB (DD/MM/YYYY) | Personal Health Number |
|  |  |  |
| Appointment Date | Appointment Time | Patient Phone Number |
|  |  |

Your patient was referred to the *(insert clinic name)* by the healthcare providers who cared for them during their recent hospital admission, for assistance with pain and/or opioid medication management following discharge. We will send you an appointment summary, including medication recommendations, but cannot prescribe.

**This is to inform you that an appointment was:**

* **Booked:** This patient has been booked for the above appointment and has been notified. A consult note, with any updates and recommendations to consider, will be faxed to you after the patient is seen.
* **Cancelled**  **No-Showed**  **Declined**

The Clinic attempted to contact the patient but was unable to schedule/conduct an appointment for the reason selected above. No further attempts will be made to contact this patient, but they are welcome to call the clinic should they be interested in our services in the future. Until then, the patient’s pain and/or opioid medication management remains with their most responsible prescriber.

* **Unable to be booked as we could not reach the patient despite multiple attempts**

**Additional Comments**

If you have further questions or concerns, please feel free to call us.