

Care Coordination Program

PO Box 358, Ulverstone TAS 7315
Level 1, 11 Alexandra Rd,
Ulverstone TAS 7315
Ph: 6425 8500 Fax: 6425 8588

PO Box 2086, Launceston TAS 7250
Northern Integrated Care Service
41 Frankland Street,
Launceston TAS 7250
Ph: 1300 977 518 ext 3, then press 2 Fax: 6336 2433

GPO Box 1827, Hobart TAS 7001
Level 4, 15 Victoria Street,
Hobart TAS 7001
Ph: 6213 8200 Fax: 6224 4981



<FormattedDate>

<PtDetails>

Dear <PtTitle> <PtSurname>

This letter is to confirm that an appointment has been made for you to see <UsrFirstName>, Primary Health Tasmania, Care Coordinator - Chronic Disease.

Day / Date: <Appointment Date>

Time: <Appointment Time>

Location: <PtStreet>
<PtCity> <PtState> <PtPostcode>

If you need to cancel your appointment, please give at least 24 hours' notice by phoning reception at Primary Health Tasmania on <UsrPhone>.

Kind Regards

<UsrName>
Care Coordinator - Chronic Disease
Primary Health Tasmania

Enc: Client information brochure