

GP Confirmation

Palliative Care Case Conference

Insert name of your organisation

To:	Email/fax number:
From:	No. of pages: (including this page)
Subject: Palliative Case Conference	Date sent: (DD/MM/YY)

Dear Dr _____

Following our recent correspondence with you a Palliative Care Case Conference has been organised for:

_____ (Resident/client name)

Resident/client DOB (DD/MM/YY): _____

Case conference date (DD/MM/YY): _____ Start time: _____

Expected duration: _____ Venue: _____

If you are joining via teleconference, please dial-in using the following telephone number and code:

Telephone: _____ Code: _____

Reason for case conference: _____

Yours sincerely: _____ (name)

Role: _____ Organisation: _____