

GP Confirmation

Organisation: _____

Palliative Care Case Conference

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 organized 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 by teleconference, please dial in using the following telephone number and code:

Telephone: _____ Code: _____

Reason for case conference: _____

Yours sincerely (name): _____

Role: _____ Organisation: _____