

Date

Letter of support for Clients requiring Medication/Pathology/Radiology testing when there is no access to Medicare.

(If there are multiple conditions requiring investigations, it will be appropriate to complete more than one form to enable assessment of the case)

To Department of Home Affairs

This is to state that I have examined

Name of Patient and Date of Birth

This patient requires

(Name of the investigation/s required – be specific)

These investigations (radiology/pathology) are required to assess the patient's health. These investigations need to be completed in the near future for medical reasons and should not be delayed to ensure safe care of this patient.

(Name of the condition being investigated – be clear to enable approval)

Your sincerely

Doctor's name/address/provider number and contact number

Letter to be provided to the patient for their settlement worker to include with their application for the investigation.