

Date

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

(If there are multiple conditions requiring medications for different conditions, 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 medication/s required – generic name preferred)

as medication required to treat

(Name of the condition being treated – 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 medication.