

**Appointment schedule**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Appointment Schedule

Address

\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_

Suburb, postcode

\_ \_ / \_\_\_\_ / \_ \_ \_ \_

D D Month Y Y Y Y

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

**Case Number: \_\_\_\_\_\_\_\_**

Your appointment with the Health Enhance Occupational Therapist is scheduled for:

\_\_\_\_\_\_\_\_\_\_\_\_ am / pm

\_\_\_\_\_\_\_\_\_\_\_\_, \_ \_ / \_\_\_\_ / \_ \_ \_ \_

Day D D Month Y Y Y Y

Address: [Insert Address]

If you cannot make this appointment or have any queries, please contact Health Enhance Occupational Therapy on {insert Number}