

Doctor Letter: Medications

Patient Name:

D.O.B:

Medicare Number:



Dear Doctor,

We wish to advise that your patient is to be admitted to a St Vincent's Private Hospital Melbourne hospital in the near future. As part of the clinical pre-admission process, the hospital requires a list of the current medications for every patient.

To ensure we receive up-to-date and accurate information, we advise patients who are unsure about the names or dosages of their current medications to contact their General Practitioner for assistance.

Please use the form below to record your patient's medications. Alternatively, a printed list of medications and/or health summary from your patient's file would be acceptable and greatly appreciated.

Please don't hesitate to contact us should you require any additional information.

Thank you for your assistance.

Regards,

Preadmissions, St Vincent's Private Hospital Melbourne

03 9411 7358 (T) 03 9411 7383 (F)

Name of Medication	Dosage	Mode	Frequency

GP Name:

Signature:

Date:

Rooms Address:



MR67

