

Please enter GP Details			
Full Name:	<input style="width: 100%;" type="text"/>		
Practice Name:	<input style="width: 100%;" type="text"/>		
Address:	<input style="width: 100%;" type="text"/>		
Suburb:	<input style="width: 95%;" type="text"/>	Postcode:	<input style="width: 95%;" type="text"/>

Dear Recipient name will autopopulate from above details

Re:

DOB:

Sex:

URN:

Your patient has had routine blood tests done in preparation for **elective joint replacement surgery**.

FBE, Iron Studies, CRP and Urea & Electrolytes and Creatinine were performed on

and copies of the results sent to your practice address.

These results have been reviewed by Preadmission Clinic staff and show that your patient

For further information regarding the principles of Patient Blood Management, a flowchart is attached for your interest.

Kind regards,

Preadmission Clinic

Ballarat Health Services

Phone: 03 5320 6454 Fax: 03 5320 4847

CC: Orthopaedic Care Coordinator

Ballarat Health Services

Base Hospital

Drummond Street North, Ballarat
PO Box 577, Ballarat 3353
Telephone 03 5320 4000

Queen Elizabeth Centre

102 Ascot St South, Ballarat
PO Box 199, Ballarat 3353
Telephone 61 3 5320 3700

Mental Health Services

Sturt Street, Ballarat
PO Box 577 Ballarat 3353
Telephone 03 5320 4100