Form 2: Fax template (GP invitation)

Fax Message

То			Fax Number		
From			No. of Pages (including this page)		
Subject	Palliative Care Case Confer	ence	Date Sent		
Dear Dr					
A Palliative Car	e Case Conference has been	organised for			(resident name)
Date:/	/ Start time:		Expected duration:		
Venue:					
As a vital member of the care team we invite you to participate. Medicare EPC items allow reimbursement for case conferences of at least 15 minutes.					
Please advise if you are able to participate in this case conference by ticking one of the options below: Attending in person Attending via teleconference (telephone:)					
	e to attend				
	back to	(inser	t fax number) by		
Looking forward	d to your reply.				
Sincerely					
(name)					
Palliative Care Case Conference Facilitator					