Continuation Letter Sample

{Your Practice}

{Dr Name}

{Provide Number}

{Address}

{Phone, Email & Fax}

DD/MM/YYYY

Dear Dr Stephen Wolfson

Re: {**Patient First Name Surname}** DOB: 00/00/00, **Patient Medicare Number: 00000000 IRN 1**

Thank you for seeing {**Patient First Name Surname}** for psychological assessment and therapy under a Mental Health Care Plan (MHCP).

Please see {**Patient First Name Surname}** under their existing MHCP for the balance of their remaining sessions for this calendar year. I look forward to receiving your written progress report regarding this patient upon completion of treatment.

{Social and Medical History}

{Anything relevant to mental health}

Yours sincerely,

{Signature}