## **GP** confirmation

Organisation:

## Palliative care case conference

То:	Email/fax number:
From:	No. of pages: (including this page)
Subject: Palliative case conferer	Date sent: (dd/mm/yy):
Dear Dr	
Following our recent corresponde for: (resident/client name):	nce with you a palliative care case conference has been organized
Resident/client DOB (dd/mm/yy)	
Case conference date (dd/mm/yy Expected duration:	):Start time: Venue:
Case conference date (dd/mm/yy Expected duration:	):Start time:
Case conference date (dd/mm/yy Expected duration: If you are joining by teleconference	):Start time: Venue: please dial in using the following telephone number and code:
Case conference date (dd/mm/yy Expected duration: If you are joining by teleconference Telephone:	):Start time: Venue: please dial in using the following telephone number and code:
Case conference date (dd/mm/yy Expected duration: If you are joining by teleconference Telephone:	):Start time: Venue: please dial in using the following telephone number and code: