**CASE CONFERENCE REQUEST**

Dear

We request your participation in a case conference to discuss the ongoing health care needs of the following patient:

Name:

Date of Birth:

**CASE CONFERENCE DETAILS**

Date:

Time:

Physical Location/Tele or video conference details: *Insert link for video conference or Phone number or Name and Address of Medical Centre*

|  |
| --- |
| **I will / ~~will not~~ be participating in this case conference***Please reply to Insert email here* |

This case conference request comes from:

*Insert Doctor’s name* Provider No: *Insert Doctor’s Provider number*

*Insert Name and Address of Medical Centre Here*

Tel: *Insert*

Fax: *Insert*

Email: *Insert*