

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Position, if applicable]
[Department Name]
Queensland Health
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],
RE: Medical Report for [Patient's Name] - [Patient's Date of Birth/ID Number]

I am writing to provide a comprehensive medical report for [Patient's Name], who has been under my care since [Date]. This report outlines the patient's medical history, examinations conducted, diagnosis, and treatment plan.

****Patient Information:****

- Full Name: [Patient's Name]
- Date of Birth: [Patient's Date of Birth]
- Medical Record Number: [Patient's ID Number]

****Medical History:****

- [Brief summary of relevant medical history]

****Examination Findings:****

- [Details of examinations and any findings]

****Diagnosis:****

- [List of diagnoses]

****Treatment Plan:****

- [Outline of proposed treatment, medications, therapy, etc.]

****Prognosis:****

- [Brief summary of expected outcomes]

Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require further information or clarification regarding this report.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title/Position]
[Your Institution/Practice Name]