|  |  |  |
| --- | --- | --- |
| Insert logo | Enquiries to: | Insert name of serviceInsert facility name |
| Telephone: | Insert number |
| Facsimile: | Insert number |
|  |  |

**Date:** Insert date

Patient's name

Patient's address line one

Patient's address line two

Patient's suburb and postcode

Dear Patient's Name,

Your health professional has recommended that you undertake an education and exercise program to assist you with improving your heart function and health.

The insert name of program runs for insert number weeks.

**Where to come:** Insert details

**Time and Date:**  Insert details

**What to Wear:** Loose comfortable clothing and supportive shoes.

What to bring:

* Your partner or support person, if possible, so they can learn about your condition and how to support you
* A list of current medications
* Any required equipment such as walking aids, portable oxygen, and reading glasses.

Please call the program coordinator on insert phone number if you are unable to attend the above appointment, do not wish to participate, have difficulty with transport or any other queries.

Looking forward to meeting you

Yours sincerely,

Insert staff member's name

Designation