AQ Rehab

47 Tryon Street

Upper Mt Gravatt QLD 4122

Phone: 1800 180 023

Fax: 07 3343 2557

<Date>

<Referrer Address>

Dear

Re: <Client Name>

DOB:

assessment completed as per service request. Please refer to  assessment form/report for details.

Summary of Recommendation:

For any further questions, please do not hesitate to contact us.

Sincerely

<Therapist name>

Ph: 1800 1800 23

Email: