Employee name

Address 1

Address 2

Suburb State Postcode

Date

Dear Mr/Ms Last Name

**Subject: Independent Review Panel Decision - Review Number:** **Number**

I refer to your request for a review of your medical assessment outcome by the independent review panel.

The independent review panel has carefully examined your medical evidence and it recommends a further assessment by a specialist type to determine your work capacity.

The booking details for your further assessment are below.

Appointment date: Day Date

Appointment time: HH:MM

Specialist: Dr Name, type

Appointment location: Address

I have sent a copy of this letter to your employer for their attention.

Yours sincerely

Dr Ian R Gardner MBBS MPH FAFOEM

**Independent Review Panel Chair**

Cc: Agency name