

Spendelove Private Hospital  
24 Spendelove Avenue  
Southport, Queensland 4215

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**#Date#**

Dear Doctors at Spendelove Private Hospital

Thank-you for admitting **#Patient Name#** for **SUB-ACUTE CARE /  
CONVALESCENT CARE / PAIN MANAGEMENT.**

Patient's DOB: .....

Patient's phone number: .....

Yours sincerely

.....

Dr #

Provider number #

Practice #