

Appointment Reminder

Please bring these to your appointment:

- This appointment sheet
- Health insurance card or financial assistance form
- Co-pay if needed by your insurance plan
- A list of the medicines, vitamins and herbs you take
- Copies of:
 - x-rays
 - lab tests
 - medical records

Your Appointment:

Patient Name _____

Your _____ is on
Test or Surgery

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

_____, 20____ at _____
Month Day Year Time

Location / Building _____

Address _____

Clinic / Doctor _____ Telephone _____

Please check in at the registration desk ____ minutes before your appointment.

If you are not able to keep this appointment, please call _____.

Language Interpretation will be provided at no cost to you.

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