

予約票

Appointment Reminder

診察の際にお持ちいただくもの:

Please bring these to your appointment:

- この予約票
This appointment sheet
- 健康保険証または生活保護給付証明書
Health insurance card or financial assistance form
- 個人用健康保険を利用する場合に必要な自己負担料金
Co-pay if needed by your insurance plan
- 服用している薬、ビタミン剤、ハーブの一覧
A list of the medicines, vitamins and herbs you take
- 以下の記録のコピー:
Copies of:
 - X線検査
x-rays
 - 臨床検査
lab tests
 - カルテ
medical records

予約/Your Appointment:

患者様氏名/Patient Name _____

貴方の _____ は、
Your _____ 検査または手術/Test or Surgery is on

月曜日 火曜日 水曜日 木曜日 金曜日 土曜日 日曜日
Monday Tuesday Wednesday Thursday Friday Saturday Sunday

_____, 20____ の/at _____
月 日 年 時刻
Month Day Year Time

場所/建物 - Location/Building _____

住所 - Address _____

診療所/医師 _____ 電話番号 _____
Clinic/Doctor Telephone

予約時間の _____ 分前までに受付までお越しください。
Please check in at the registration desk ____ minutes before your appointment.

予約時間までにお越しただけなくなった場合、 _____
までお電話ください。
If you are not able to keep this appointment, please call _____.

通訳サービスを無料で受けることができます。
Language Interpretation will be provided at no cost to you.

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