予約通知。

患者様の予約：Your Appointment:
患者様氏名 - Patient name _______________________________________________________
次回予約日 - Your next appointment is on:
月 - Month ___________________ 日 - Day ___________ 時間 - Time ___________
場所 / 病棟 - Location / Building _______________________________________________
住所 - Address _________________________________________________________________
診療所 / 医師 - Clinic / Doctor __________________________________________________
電話 - Telephone _______________________________________________________________
予約時間の____分前までに受け付けを済ませてください。
Please check in ____ minutes before your appointment.
この予約時間にご都合が合わない場合、____________________________番までお電話ください。
If you are not able to keep this appointment, please call.
無料の通訳サービスをご利用いただけます。
Language Interpretation is provided at no cost to you.

ご持参いただくもの：Please bring with you:
❑ 本予約票 - This appointment sheet
❑ 健康保険証または財政支援票 (financial assistance form) - Health insurance card or financial assistance form
❑ ご加入の保険に応じて必要な自己負担分 - Co-pay if needed by your insurance plan
❑ 服用している薬、ビタミン剤、漢方薬のリスト - A list of the medicines, vitamins and herbs you take
❑ 以下のコピー - Copies of:
  ❑ レントゲン写真 - X-rays
  ❑ 検査結果 - Lab tests
  ❑ 診療記録 - Medical records

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