एपोएन्टमेन्टबारे समझना गराउने
Appointment Reminder

तपाईको एपोएन्टमेन्ट: Your Appointment:
रोगीको नाम - Patient name ____________________________
तपाईको आगामी एपोएन्टमेन्टको तारिख - Your next appointment is on:
महिना - Month _________________ दिन - Day ___________ समय - Time _____________
अवस्थिति / भवन - Location / Building __________________________
ठेगाना - Address ______________________________________________
क्लिनिक / डॉक्टर - Clinic / Doctor ________________________________
टेलिफोन - Telephone __________________________________________
कृपया आफनो एपोएन्टमेन्टका ___ मिनटहरू पहिले आउनुहोला।

Please check in ____ minutes before your appointment.

यदि तपाईको एपोएन्टमेन्ट मानसिक अवस्था हुन सक्नुभएन भने, कृपया ______________________ मा फोन गर्नुहोस।
If you are not able to keep this appointment, please call.

Language Interpretation is provided at no cost to you.

कृपया आफूसित निम्न जिनिसहरू लिए आउनुहोस्: Please bring with you:

- यस एपोएन्टमेन्टको पर्चा - This appointment sheet
- स्वास्थ्य बीमा कार्ड वा वित्तीय सहायता फाराम - Health insurance card or financial assistance form
- लेखन एवं प्रयोगशालाले जोडीहरू - List of medicines, vitamins and herbs you take
- सेवा उपिब्ध गराइने - Copies of:
  - एक्स-रे - X-rays
  - प्रयोगशालाले जोडीहरू - Lab tests
  - चिकित्सकीय रेकर्ड्स - Medical records

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Appointment Reminder. Nepali.