

Xusuusinta Ballanta

Appointment Reminder

Dokumentiga hoos ku tixan la Imow ballanta:

Please bring these to your appointment:

- Xaashidaan ballanta
This appointment sheet
- Kaarka caymiska caafimaadka ama foomka kaalmada maaliyadeed
Health insurance card or financial assistance form
- Wax ka bixiyaha qorshahaaga caymiska haddii loo baahdo
Co-pay if needed by your insurance plan
- Taxanaha daawooyinka, fitamiinnada iyo daawo dhireedka aad qaadato
A list of the medicines, vitamins and herbs you take
- Koobiyada:
Copies of:
 - raajooyinka
x-rays
 - baadhitaanada shaybaadhka
lab tests
 - diiwaanada caafimaadka
medical records

Ballantaada:

Your Appointment:

Magaca Bukaanka _____
Patient Name

Baaritaankaaga _____ wuxuu dhacayaa
Your _____ Ama Qalliinku/ Test or Surgery _____ is on

Isniin Talaado Arbaco Khamiis Jimce Sabti Axad
Monday Tuesday Wednesday Thursday Friday Saturday Sunday

_____, 20 _____ markay tahay/at _____.
Bisha Maalinta Sanadka Waqtiga
Month Day Year Time

Goobta/Dhismaha - Location/Building _____

Cinwaan - Address _____

Kiliinikada/Dhakhtarka _____ Telefoon _____
Clinic/Doctor _____ Telephone _____

Fadlan imow miiska is diiwaan gelinta ____ oo daqiiqo ballanta ka hor.

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

Haddii aadan awoodin inaad ballanta ku timaaddo, fadlan soo wac _____

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

Turjubaan luqad ayaa lagu siin doonaa kharash la'aan.

Language Interpretation will be provided at no cost to you.

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Appointment Reminder. Somali