

Appointment Reminder

Your Appointment:

Patient name _____

Your next appointment is on:

Month _____ Day _____ Time _____

Location / Building _____

Address _____

Clinic / Doctor _____

Telephone _____

Please check in ____ minutes before your appointment.

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

Language Interpretation is provided at no cost to you.

Please bring with you:

- 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