

Напоминание о приеме

Appointment Reminder

Прием: Your Appointment:

ФИО пациента - Patient name _____

Ваш следующий прием у врача - Your next appointment is on:

Месяц - Month _____ День - Day _____ Время - Time _____

Место/здание - Location/Building _____

Адрес - Address _____

Клиника/врач - Clinic/Doctor _____

Телефон - Telephone _____

Просим вас прийти за _____ мин до приема.

Please check in _____ minutes before your appointment.

Если вы не сможете прийти на прием, позвоните по тел. _____.

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

Устный перевод предоставляется бесплатно.

Language Interpretation is provided at no cost to you.

При себе иметь: Please bring with you:

- Это приглашение на прием - This appointment sheet
- Полис медицинского страхования или форму финансовой помощи - Health insurance card or financial assistance form
- Доплату, если этого требует ваш план страхования - Co-pay if needed by your insurance plan
- Список принимаемых медикаментов, витаминов и лекарственных трав - A list of the medicines, vitamins and herbs you take
- Копии - Copies of:
 - Рентгеновских снимков - X-rays
 - Лабораторных анализов - Lab tests
 - Медицинских документов - Medical records

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Appointment Reminder. Russian.