予約通知。

Appointment Reminder

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、番までださい。	お電話く
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.	
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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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