

約診提醒

Appointment Reminder

您的約診： Your Appointment:

病人名字 - Patient name _____

您的下一次約診是在 - Your next appointment is on:

月 - Month _____ 日 - Day _____ 時間 - Time _____

地點/大樓 - Location / Building _____

地址 - Address _____

診所/醫生 - Clinic / Doctor _____

電話 - Telephone _____

請於約診前 ____ 分鐘登記。

Please check in ____ minutes before your appointment.

如您不能按時赴診，請打電話 _____。

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

我們提供免費口譯服務。

Language Interpretation is provided at no cost to you.

赴診時請攜帶： Please bring with you:

- 本約診單 - This appointment sheet
- 醫療保險卡或財政資助表 - Health insurance card or financial assistance form
- 您的保險計劃所需要的共同付款 - Co-pay if needed by your insurance plan
- 您服用的藥物、維生素類和草藥列單 - A list of the medicines, vitamins and herbs you take
- 攜帶以下副本 - Copies of:
 - X光片 - X-rays
 - 化驗結果 - Lab tests
 - 病歷 - Medical records