

Appointment Reminder

Please bring these to your appointment:

- 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

Your Appointment:

Patient Name _____

Your _____ is on
Test or Surgery

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

_____, 20____ at _____.
Month Day Year Time

Location/Building _____

Address _____

Clinic/Doctor _____ Telephone _____

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

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