

CHILD/FAMILY SERVICES
SERVUCISO PARA NIÑOS/FAMILIAS
APPOINTMENT REMINDER
RECORDATORIO DE CITA

Dear _____ :
Estimado:

Just a reminder that _____ has an appointment with
Un recordatorio que _____ tiene una cita con

(Doctor or Dentist)
(Doctor ó Dentista)

DAY
DIA

DATE
FECHA

TIME
HORA

It is important that you keep this appointment. However, should something make it impossible for you to do so, please let me know as early as possible. Thank you.

Es importante que usted mantenga esta cita. Si por alguna razón no puede mantener esta cita, por favor comuníquese conmigo lo más pronto posible. Gracias.

(Health Personnel)
Firma de la Enfermera

(Phone Number)
Teléfono

Distribution: White – Child's File Yellow – Parent Pink – Teacher Gold - Nurse

Optional
Revised 1/11
CF/H-9