

Rappel de rendez-vous

Appointment Reminder

Votre rendez-vous : Your Appointment:

Nom du patient - Patient name _____

Votre prochain rendez-vous est le : - Your next appointment is on:

Mois - Month _____ Jour - Day _____ Heure - Time _____

Emplacement / Bâtiment - Location / Building _____

Adresse - Address _____

Clinique / Médecin - Clinic / Doctor _____

Téléphone - Telephone _____

Veillez vous présenter à l'accueil ____ minutes avant votre rendez-vous.

Please check in ____ minutes before your appointment.

Si vous ne pouvez pas vous rendre à ce rendez-vous, veuillez appeler le _____.

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

Un service d'interprétation vous est fourni gratuitement.

Language Interpretation is provided at no cost to you.

Veillez apporter : Please bring with you:

- Cette feuille de rendez-vous - This appointment sheet
- Votre carte d'assurance maladie ou formulaire d'assistance financière - Health insurance card or financial assistance form
- Le montant du ticket modérateur si votre régime d'assurance l'exige - Co-pay if needed by your insurance plan
- La liste des médicaments, vitamines et herbes que vous prenez - A list of the medicines, vitamins and herbs you take
- Les copies de : Copies of:
 - Rayons X (radios) - X-rays
 - Résultats d'analyses - Lab tests
 - Dossier médical - Medical records

© 2005 - November 6, 2020, Health Information Translations.

Unless otherwise stated, user may print or download information from www.healthinfotranslations.org for personal, non-commercial use only. The medical information found on this website should not be used in place of a consultation with your doctor or other health care provider. You should always seek the advice of your doctor or other qualified health care provider before you start or stop any treatment or with any questions you may have about a medical condition. The Ohio State University Wexner Medical Center, Mount Carmel Health System, OhioHealth and Nationwide Children's Hospital are not responsible for injuries or damages you may incur as a result of your stopping medical treatment or your failure to obtain treatment.

Appointment Reminder. French.