Fiche de rendez-vous Appointment Reminder

Veuillez apporter ces éléments à votre rendez-vous :
Please bring these to your appointment:

Cette fiche de rendez-vous

This appointment short

| | his appointment | | | | | | | |
|-------------------|---|------------------------------|--------------|---------------|----------------------|------------------|--|--|
| □ Votr | Votre carte d'assurance ou un formulaire d'aide financière Health insurance card or financial assistance form | | | | | | | |
| □ Votr | e paiement, | selon votre j | police d' | assurance | e | | | |
| C | o-pay if needed | by your insurance | plan | | | | | |
| | | édicaments, v | | | es que vo | us prenez | | |
| | | cines, vitamins and | d herbs you | take | | | | |
| | copies de vo | S: | | | | | | |
| Copies | | | | | | | | |
| | ☐ radiogı | raphies | | | | | | |
| | X-rays | | | | | | | |
| | ∃ analys∈ | es de laboratoi | ire | | | | | |
| _ | lab tests | | | | | | | |
| | | s médicaux | | | | | | |
| | medical | records | | | | | | |
| Votre | rendez-vo | ous/Your App | ointmen | t : | | | | |
| Nom du | ı patient/Patio | ent Name | | | | | | |
| | | | | | | | | |
| Votre _ | | | | | | _est prévu(e) le | | |
| Your | Exame | ou intervention o | chirurgicale | / Test or Sur | gery | is on | | |
| □ Lundi Monday | | Mercredi □ J Wednesday Th | | | □ Samedi Saturday | | | |
| | | | 20 | à/at | | | | |
| | Mois | Jour | | née | | Heure | | |
| | Month | Day | Y | ear | | Time | | |

| Lieu/Bâtiment - Location/Building | |
|---|--|
| Adresse - Address | |
| | Téléphone |
| - | Telephone |
| Veuillez vous présenter à l'accueil Please check in at the registration desk minute | minutes avant votre rendez-vous. |
| Si vous ne pouvez pas venir à ce rend If you are not able to keep this appointment, please | dez-vous, veuillez téléphoner au |
| Vous pourrez bénéficier des services d'votre part. | un interprète sans aucun frais supplémentaire de |
| Language Interpretation will be provided at no cost | to you. |

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