

GREETINGS FROM YOUR GYNECOLOGIST, _____**LOCATED AT _____ (____) ____ - ____***This is to remind you that it is time for your:*

- ☐ Annual Exam
☐ Check up for _____
☐ 6 month Pap smear
☐ 3 month Pap smear
Our records show that your prescription for _____ will expire on
☐ _____. Please call our office to schedule an appointment to avoid a lapse in your medication.

We are currently scheduling for the following time period:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec

*Please write your appointment below as a convenient reference:***GREETINGS FROM YOUR GYNECOLOGIST, _____****LOCATED AT _____ (____) ____ - ____***This is to remind you that it is time for your:*

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