

Center For
**WOMEN'S HEALTH
& WELLNESS**

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Patient Name:

Date Of Birth: ____/____/____

Address:

Our records indicate that you missed your appointment. Please call our office and we will be happy to schedule another appointment for you. We are interested in your health care and hope to hear from you soon.

If you have any questions, please contact Center For Women's Health & Wellness at (305) 595-6488.

Nuestros archivos indican que usted ha fallado a su cita. Por favor contacte a nuestra oficina para poder hacer una nueva cita. Estamos sumamente interesados en su salud y esperamos recibir noticias de usted.

Si tiene alguna pregunta por favor contacte a la oficina del Center For Women's Health & Wellness al (305) 595-6488.

Sincerely,

Doctor: _____