Center For
WOMEN'S HEALTH
& WELLNESS

Patricia Ristic, M.D., F.A.C.O.G.
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Patient Name:

Date Of Birth: _____/_____/_____

Address:

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

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

Nuestros archivos indican que usted, _____, ha fallado a su cita para su colposcopia. Por favor contacte a nuestra oficina para poder hacerle 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 de Center For Women's Health & Wellness al (305) 595-6488.

Sincerely,

Doctor: _____

8501 SW 124th Ave #211
Miami, FL 33183

Office Phone: (305) 595-6488
Fax: (305) 595-3532