

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

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Patient Name:

Date Of Birth: ____/____/____

Address:

Our records indicate that you, _____, missed your appointment for your test results. 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 Center For Women's Health & Wellness at (305) 595-6488.

Nuestros archivos indican que usted, _____, perdiste la cita para discutir sus resultados. Por favor llame 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: _____