

County of Los Angeles Department of Health Services

Harbor UCLA Medical Center

1000 W. Carson Street

Torrance, CA 90502

03/13/2014

FAILED APPOINTMENT / CITA PERDIDA

Patient's Name
Patient Address

MRUN:

Dear Patient:

Your health is important to us. We missed seeing you on your scheduled appointment.

Date:

Clinic:

Activity:

Please call (310)222-2367, Monday through Friday between the hours of 8:00 AM and 4:00 PM (closed on holidays) to reschedule your appointment. If you already have rescheduled this appointment, please disregard this notice.

Remember to bring your identification, your hospital/clinic plastic card, your insurance card, all your medication bottles and list of medications with you to each clinic visit.

Thank you

Estimado Paciente:

Su estado de salud es importante para nosotros. Usted faltó a su cita.

Fecha:

Clinica:

Actividad:

Por favor, llame al (310)222-2367 de lunes a viernes entre las horas de 8:00 AM a 4:00 PM (cerrado en días feriados) para hacer una cita nueva.

Si usted ya rehizo esta cita, favor de no tomar en cuenta esta carta.

Recuerde traer su tarjeta de identificación, tarjeta de hospital/clinica plastica, todas sus medicinas y lista de medicinas con usted a cada cita.

Gracias.