

# APPOINTMENT REMINDER

FOR

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YOUR NEXT APPOINTMENT WITH

DR. \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

IS

A.M.

P.M.

DAY OF WEEK

MONTH

DATE

TIME

IF ABSOLUTELY NECESSARY TO CANCEL APPOINTMENTS, NO CHARGE WILL  
BE MADE WHEN 24 HOURS NOTICE IS GIVEN