

የተከበርክ/ሽ _____

Dear

ቆጠሮህን/ሽን ወደ
Your appointment to

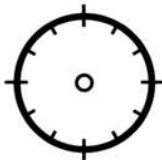
በነዚህ Eንዲመረመሩ	ዶክተር	ነርስ	የጤንነት ጠያቂ Health Visitor	ቴራፒስት Therapist
see the	Doctor	Nurse		
on	ቀይ ጥገና ክፍል Surgery	ሆስፒታል Hospital	ክሊኒክ Clinic	ትምህርት ቤት School

በ on	ሰኞ Monday	ማክሰኞ Tuesday	ፎኅ Wednesday
	ሐሙስ Thursday	ዓርብ Friday	ቅዳሜ Saturday

1	2	3	4	5	6	7	8	9	10	
11	12	13	14	15	16	17	18	19	20	
21	22	23	24	25	26	27	28	29	30	31

ጥር January	ለካቲት February	መጋቢት March	ግንቦት April
ግንቦት May	ሰኔ June	ሐምሌ July	ነሀሴ August
መስከረም September	ጥቅምት October	ሕዳር November	ታህሳስ December

ቦታ
at



ከቀ.በፊት
am
ከቀ.በኋላ
pm

ለስተርጓሚ ለማቅረብ ይንግዙልን
We will try to provide an interpreter

ተቀይረዋል

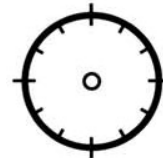
has been changed to

ሰኞ Monday	ማክሰኞ Tuesday	ፎኅ Wednesday
ሐሙስ Thursday	ዓርብ Friday	ቅዳሜ Saturday

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በ
at



ከጥዋቱ
am
ከሰዓት
pm

ለመምጣት የማይችሉ/ሽ ከሆነ የሚከተለውን ማድረግ አለብህ
If you are unable to attend it is important that you

ደውለህ/ሽ _____
telephone

ጠይቅ/ቺ _____
and ask for

ክልብ
Yours sincerely

ክብር ወስጥ የተጻፈውን፡ ለንተን/አንቺን የሚመለከት ነው
The circled information applies to you