

Dragi / a
Dear

Molimo Vas dovedite svoje/u
Please bring your

dijete (dete)
Child

djecu (decu)
Children

_____ (state names)

na pregled kod
to see the

ljekara (lekara)
Doctor

sestre
Nurse

zdravstvenog
psjetioca (posetioca)
Health Visitor

terapeuta
Therapist

u
At the

ordinaciji
Surgery

bolnici
Hospital

klinici
Clinic

školi
School

u
on

ponedjeljak
Monday

utorak
Tuesday

srijedu (sredu)
Wednesday

četvrtak
Thursday

petak
Friday

subotu
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

Januar
January

Februar
February

Mart
March

April
April

Maj
May

Juni
June

Juli
July

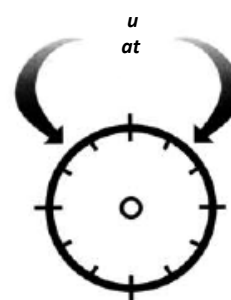
Av gust
August

Septembar
September

Oktobar
October

Novembar
November

Decembar
December



prepodne
am

popodne
pm

Naša adresa i broj telefona označeni su na vrhu ovog pisma
Our address and telephone number are at the top of this letter.

Vrlo je važno da dođete na zakazani pregled. Ukoliko ne možete doći, molimo vas da
It is important that you keep this appointment. If you are unable to attend please

Telefonirajte
telephone

_____ i zatražite
and ask for

Srdačan pozdrav
Yours sincerely

Pokušaćemo Vam obezbijediti prevodioca
We will try to provide an interpreter.

Zaokružene informacije odnose se na vas.
The circled information applies to you.