# **Example Patient Appointment Card for Medication Administration Services**

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**Appointment Reminder**

For:

With:

On: 

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_ AM/PM

*This time is reserved for you. If you are unable to keep your appointment, please let us know at least 24 hours in advance*

*so that we may schedule a new time for you.*

*Thank you for your consideration.*

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