

Ndeko _____
Dear

Esengeli o mema
Please bring your

Mwana
Child

Bana na yo
Children

_____ (koma ba kombo na bango) (state names)

Ko ya kotala
To see the

Munganga
Doctor

Infirmier
Nurse

Mosali ya
la santé
Health Visitor

Spécialiste
Therapist

Na
at the

Dispensa
ire
Surgery

L'hopitalo
Hospital

Clinique
Clinic

L'école
School

Na mokolo ya
on

Lundi
Monday

Mardi
Tuesday

Mercredi
Wednesday

Jeudi
Thursday

Vendredi
Friday

Samedi
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

Janvier
January

Février
February

Mars
March

Avril
April

Mai
May

Juin
June

Juillet
July

Aout
August

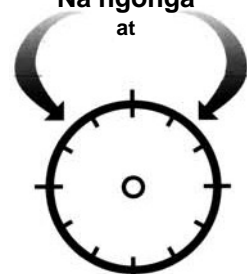
Septembre
September

Octobre
October

Novembre
November

Décembre
December

Na ngonga
at



tongo am sima' midi pm

Adresse pe numero ya téléphone na biso ezali likolo na mokanda oyo.
Our address and telephone number are at the top of this letter.

Ezali motuya po na yo ko landa rendez-vous oyo. **Soki o koki ko ya te esengeli o**
It is important that you keep this appointment. **If you are unable to attend please**

téléfoné
telephone

pe tuna
and ask for

Matondo mingi
Yours sincerely

To ko meka ko zuwela yo interprète
We will try to provide an interpreter

Makomi oyo ezali na cercle ezali po na yo
The Circled information applies to you