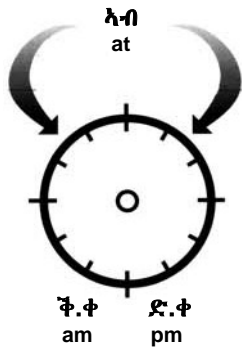


ዝኸበርካ/ኪ
Dear

በጃኻ/ኸ ነዘም ዝተጠቀሱ ተግልጻዮም ውላድካ/ኪ ውሉድካ/ኪ
Please bring your Child Children (state names)

ንምርመራ To see the	ብሓኪም Doctor	ብነርሰ Nurse	ብኣግኝሪ ጥዕና Health Visitor	ብተራፒስት Therapist
ኣብ at the	ክፍሊ መጥባሕቲ Surgery	ሆስፒታል Hospital	ክሊኒክ Clinic	ቤት ትምህርቲ School

ኣብ on	ሰኑይ Monday	ሰሉስ Tuesday	ረቡዕ Wednesday	ሓሙስ Thursday	ዓርቢ Friday	ቀዳም 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
ጥሪ January	ፍካቲት February	መጋቢት March	ጢያዝያ April	ግንቦት May	ሰነ June										
ሓምለ July	ነሓስ August	መስከረም September	ጥቅምቲ October	ሕዳር November	ታሕሳስ December										



ኣድራሻናን ቁጽሪ ስልክናን ኣብ ላዕሊ ናይዚ ደብዳቤ ተጻሒፉ ኣሎ።
Our address and telephone number are at the top of this letter.

ነዚ ቀጻራ ከተኸብር/ከተኸብርዮ ብጣዕሚ ኣገዳሱ እዩ። ብኸብረትካ/ኪ ክትመጽእ/እ ዘይትኸእል/ሊ ኣንተደኣ ኩንካ/ኪ
It is important that you keep this appointment. If you are unable to attend please

ብቑጽሪ ስልኪ _____
telephone

ነዚ ዝሰዕብ ሰብ ኣዘራርብ _____
and ask for

ምስ ምስጋና
Yours sincerely

ኣስተርጓሚ ከነዳሉ ክንፍትን ኢና
We will try to provide an interpreter

እዚ ኣብ ክቢ ዘሎ ሓበሬታ ንዓኻ/ኸ ዝምልከት እዩ
The Circled information applies to you