

NHCCINST 6010.11

NOTICE OF APPOINTMENT	
NAVAL HEALTH CLINIC CORPUS CHRISTI, TEXAS 78419	
NAME OF PATIENT	
TYPE OF APPOINTMENT	CLINIC
TIME	DATE
APPEARING ON TIME FOR THIS APPOINTMENT IS IMPORTANT. CHANGE OR CANCELLATION MAY BE MADE IF REQUESTED WELL IN ADVANCE OF APPOINTMENT.	

NHCCC 6310/4 (Rev. 7/2010)

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Enclosure (1)