|  |  |  |
| --- | --- | --- |
| **Tetum** |  | |
| [GP Surgery]  [First address line]  [Second address line]  [Town/city]  [County Postcode] | T [000 000 0000]  F [000 000 0000] |
| [Date] |  | |

Ba Inan-aman/Ema ne’ebé responsável  
Dear Parent/Carer

Tempu to’o ona ba {insert name of child} atu simu ninia imunizasaun gartuitu nian  
…{insert name of child}… is due for free immunisations

Favór ida mai to’o klínika atu konsulta iha loron {insert date as XX.XX.XXX} iha oras {insert time 24 hr clock}  
Please come to the surgery on …….{insert date as XX.XX.XXX} at { insert time 24 hr clock}

KA  
OR

Favór ida kontakta klínika atu marka tempu konsulta nian hodi telefone ba {insert phone number}  
Please call surgery to make an appointment on {insert phone number}

Se iha, favór ida lori lista kona-ba imunizasaun uluk nian ba klínika.   
If you have any records of immunisations they have had before, please bring them with you.

Atensiozamente,  
Yours sincerely