|  |  |
| --- | --- |
| **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