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

Cien. vecāk/aprūpētāj!
Dear Parent/Carer

…{insert name of child}… ir laiks veikt bezmaksas vakcināciju
…{insert name of child}… is due for free immunisations

Lūdzu, ierodieties klīnikā …….{insert date as XX.XX.XXX} pulksten {insert time 24 hr clock}
Please come to the surgery on …….{insert date as XX.XX.XXX} at {insert time 24 hr clock}

VAI
OR

Lūdzam zvanīt klīnikai pa telefonu {insert phone number}, lai pieteiktu vizīti
Please call surgery to make an appointment on {insert phone number}

Ja jums ir jebkādi ieraksti par bērnam iepriekš veiktajām vakcinācijām, lūdzam paņemt tos līdzi.
If you have any records of immunisations they have had before, please bring them with you.

Ar cieņu
Yours sincerely