Welcoming a patient

HOW CAN I HELP YOU?	
DO YOU HAVE AN APPOINTMENT?	
WHAT CAN I DO FOR YOU?	
MAY I HAVE YOUR NAME, PLEASE?	
DO YOU HAVE AN IDENTIFICATION?	
MAY I HAVE YOUR HEALTH CARD?	
DO YOU HAVE A COMPLEMENTARY INSURANCE?	
HERE IS IT	
HERE YOU ARE	
PLEASE, FILL OUT THIS FORM.	
WAIT A MOMENT, PLEASE.	
THE DOCTOR WILL CALL YOU IN SEVERAL MINUTES	
CAN YOU SPELL IT, PLEASE?	
EMAIL ADDRESS	
TELEPHONE NUMBER	
LAST NAME	
SURNAME	
FIRST NAME	
DATE OF BIRTH	

LIVEWORKSHEETS