



De Casa En Casa Programa
Texas Tech University HSC – El Paso
Department of Family & Community Medicine
Population Health MSC31015
5001 El Paso Dr. | El Paso, Texas 79905

Date: _____

Dear: _____

Our De Casa En Casa Program is committed to decreasing the burden of cervical cancer in our communities by providing education and no cost pap screening to eligible patients. We are really glad that you have chosen to take care of your health.

You are receiving this letter because we were unable to communicate with you about your colposcopy results that you had on _____. It is important that you receive your results and that you aware of what the next recommendations are.

Taking care of your health is very important, we will no longer try to contact you, please call **915-215-5621** to make an appointment to discuss your results with the De Casa physician.

Sincerely,

The De Casa En Casa Team



**De Casa En Casa Programa
Texas Tech University HSC – El Paso
Department of Family & Community Medicine
Population Health MSC31015
5001 El Paso Dr. | El Paso, Texas 79905**

Fecha: _____

Estimada Sra.: _____

Nuestro programa De Casa En Casa se ha comprometido a disminuir los efectos que presenta el cáncer cervical en nuestras comunidades ofreciendo educación y exámenes gratuitos para detectar tempranamente el cáncer cervical a los pacientes que califiquen. Estamos muy contentos de que usted ha elegido para cuidar su salud.

Está recibiendo esta carta porque no hemos podido comunicarnos de los resultados de la colposcopia que tuvo _____. Es importante que usted se informe de los resultados para ver cuál son las siguientes recomendaciones.

El seguimiento es muy importante para su salud, ya no trataremos de comunicarnos con usted, por favor de llamar **915-215-5621** para hacer una cita para discutir sus resultados.

Sinceramente,

The De Casa En Casa Team

De Casa en Casa – Pap Scheduling

De Casa en Casa
 Texas Tech University Health Science Center Department of Family Medicine
 Pap Clinic Schedule
 Date:

Time	I.D.	First Name	Last Name	DOB	Address	Phone#
8:00 a.m.	dc3-					
	dc3-					
	dc3-					
	dc3-					
	dc3-					
8:30 a.m.	dc3-					
	dc3-					
	dc3-					
	dc3-					
	dc3-					
9:00 a.m.	dc3-					
	dc3-					
	dc3-					
	dc3-					
	dc3-					
9:30 a.m.	dc3-					
	dc3-					
	dc3-					

De Casa en Casa – Pap Scheduling

De Casa en Casa
 Texas Tech University Health Science Center Department of Family Medicine
 Pap Clinic Schedule
 Date:

Time	I.D.	First Name	Last Name	DOB	Address	Phone#
9:30 a.m.	dc3-					
	dc3-					
	dc3-					
10:00 a.m.	dc3-					
	dc3-					
	dc3-					
	dc3-					
	dc3-					
10:30 a.m.	dc3-					
	dc3-					
	dc3-					
	dc3-					
	dc3-					
11:00 a.m.	dc3-					
	dc3-					
	dc3-					
	dc3-					
	dc3-					