

OMB#: 0925-XXXX  
Exp. XX/XXXX

Public reporting burden for this collection of information is estimated to average 05 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-XXXX). Do not return the completed form to this address.



## HCHS/SOL Appointment Confirmation

Hello, my name is \_\_\_\_\_ and I am calling from  
\_\_\_\_\_ (clinic name). Is \_\_\_\_\_ (name of participant)  
home?

*Read to participant:*

I am calling to remind you of a clinic appointment at our center for the HCHS/SOL on  
\_\_\_\_\_ (day) at \_\_\_\_\_ (time).

Please remember to bring your prescription medications and any supplements that you  
take with you to the clinic in the bag that we have provided.

Remember it is important not to eat anything after 8pm the night before your clinic  
appointment. You can drink water. We look forward to seeing you at the clinic.

Do you have any questions?

Thank you.