

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

We are writing to follow up regarding your recent laboratory results from your visit on [Date of Original Test].

After reviewing your results, [Physician Name] has requested a routine follow-up test to ensure accuracy and to continue monitoring your health. Please note that requesting a retest is a standard procedure and is often necessary to provide the most accurate clinical picture.

Required Action:

Please contact our office at [Phone Number] to schedule an appointment for your retest. Alternatively, you may visit our lab during the following hours: [Lab Hours].

Instructions for Retesting:

- Test to be performed: [Name of Test]
- Preparation: [e.g., Fasting required for 8 hours / No special preparation]

If you have any questions or would like to discuss your initial results further, please do not hesitate to call us.

Sincerely,

[Provider Name/Clinic Name]

[Phone Number]

[Clinic Website]