Subject: Appointment Reminder: Fasting Required for Laboratory Test

Dear [Patient Name],

This is a reminder of your upcoming laboratory appointment:

**Date:** [Date]
**Time:** [Time]
**Location:** [Facility Name/Address]

**Important Fasting Instructions:**

To ensure accurate test results, you are required to fast for [Number] hours prior to your appointment. Please follow these guidelines:

- Do not eat any food or snacks.
- Do not drink any beverages other than plain water (no coffee, tea, juice, or soda).
- You should continue to take your regular prescription medications unless otherwise instructed by your physician.
- Smoking and chewing gum should be avoided during the fasting period.

If you have any questions or need to reschedule, please contact us at [Phone Number].

Thank you,

[Clinic/Lab Name]
[Contact Information]