[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Reminder - Fasting Laboratory Appointment

Dear [Patient Name],

This is a reminder of your upcoming laboratory appointment:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Laboratory/Clinic Name and Address]

Important Fasting Instructions:

Your scheduled tests require you to fast. Please follow these instructions to ensure accurate results:

- Do not eat or drink anything (except plain water) for [Number] hours before your appointment.
- Do not chew gum, smoke, or exercise during the fasting period.
- You should continue to take your regular medications with water unless otherwise instructed by your doctor.

Please arrive 15 minutes early and bring your insurance card and a photo ID.

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

Sincerely,

[Name/Department]
[Clinic/Facility Name]