[Date]

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

Subject: Reminder - Appointment for Annual Physical and Fasting Laboratory Tests

Dear [Patient Name],

This is a reminder of your upcoming appointment for your annual physical examination and required laboratory testing.

Appointment Details:
Date: [Date of Appointment]
Time: [Time of Appointment]
Location: [Clinic Name/Address]

Important Fasting Instructions:

Your blood work requires you to fast for [Number, e.g., 8 to 12] hours before your appointment. Please follow these instructions carefully:

- Do not eat any food or drink any beverages other than plain water.
- You may continue to take your regular prescription medications unless otherwise instructed by your doctor.
- You may drink plain water to stay hydrated.

Please bring your insurance card and a valid photo ID to your appointment. If you need to reschedule or have any questions, please call our office at [Phone Number] at least 24 hours in advance.

We look forward to seeing you.

Sincerely,

[Doctor/Clinic Name]
[Phone Number]
[Website]