Date: [Insert Date]

Patient Name: [Insert Patient Name]
Appointment Date: [Insert Appointment Date]
Appointment Time: [Insert Appointment Time]
Location: [Insert Laboratory/Clinic Name]

Dear [Patient Name],

This is a reminder regarding your upcoming appointment for a **Fasting Blood Glucose** laboratory test.

Important Fasting Instructions:

- Do not eat or drink anything (except plain water) for at least 8 to 12 hours before your blood draw.
- You may continue to take your regular prescription medications unless otherwise instructed by your physician.
- Avoid chewing gum, smoking, or vigorous exercise on the morning of the test.

Please bring your photo ID and insurance card to the appointment. If you need to reschedule or have any questions regarding these instructions, please contact our office at [Insert Phone Number].

Thank you for your cooperation.

Sincerely,
[Insert Clinic/Provider Name]
[Insert Phone Number]