Date: [Insert Date]

Subject: Appointment Reminder: Comprehensive Lipid Panel (Fasting Required)

Dear [Patient Name],

This is a reminder of your upcoming laboratory appointment:

- **Date:** [Insert Date]
- **Time:** [Insert Time]
- **Location:** [Insert Lab/Clinic Name and Address]

Important Fasting Instructions:

The Comprehensive Lipid Panel requires you to fast for **9 to 12 hours** prior to your blood draw. Please follow these guidelines:

- Do not eat any food during the fasting period.
- Do not drink any beverages other than plain water (no coffee, tea, or juice).
- Continue to take your regular prescription medications unless otherwise directed by your physician.
- Avoid alcohol for 24 hours before the test.

Failure to follow these fasting instructions may result in inaccurate results or the need to reschedule your appointment.

Please bring your photo ID and insurance card to the appointment. If you need to cancel or reschedule, please contact us at [Insert Phone Number] at least 24 hours in advance.

Sincerely,

[Insert Provider/Clinic Name]
[Insert Contact Information]