[Date]

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

Subject: Important: Fasting Laboratory Appointment Reminder

Dear [Patient Name],

This letter is to remind you of your upcoming laboratory appointment scheduled for:

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

Because these tests include a check of your blood glucose and/or lipid levels, **fasting is required**. Please follow these instructions to ensure accurate results:

- Do not eat or drink anything (except water) for at least 8 to 12 hours before your blood draw.
- You should continue to drink plenty of water to stay hydrated.
- Take your usual medications unless your doctor has specifically told you otherwise.
- **Diabetes Medication Note:** Since you will be fasting, please consult with your physician regarding whether to take your insulin or oral diabetes medication on the morning of the test.
- Please bring a snack with you to eat immediately after your blood is drawn.

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

Sincerely,

[Provider Name/Clinic Name]
[Department Name]