[Date]

Patient Name: [Child's Full Name]
Date of Birth: [DOB]
Appointment Date: [Date of Lab Test]
Appointment Time: [Time]

Dear Parent or Guardian,

This is a reminder that [Child's Name] has an upcoming laboratory appointment at [Clinic/Laboratory Name].

Fasting Instructions:
This specific test requires your child to fast for [Number] hours before the appointment.

- Your child should not eat any food or drink anything other than plain water during this time.
- Please ensure your child drinks plenty of water to stay hydrated, as this makes the blood draw easier.
- Continue all routine medications unless otherwise instructed by your doctor.

Arrival Information:
Please arrive [15] minutes early to complete registration. Remember to bring your insurance card and a valid photo ID.

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

Sincerely,

[Doctor/Clinic Name]
[Department Name]
[Contact Information]