[Date]

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

Dear [Patient Name],

This is a reminder regarding your upcoming laboratory appointment scheduled at **[Clinic Name]**.

Appointment Details:

- **Date:** [Date of Appointment]
- **Time:** [Time]
- **Location:** [Full Address of Laboratory/Clinic]

Important Fasting Instructions:

For your test results to be accurate, you are required to fast before your blood draw.

- Please do not eat or drink anything (except water) for **[Number, e.g., 8 to 12] hours** before your appointment.
- You should continue to take your regular prescription medications unless your doctor has specifically told you otherwise.
- Please drink plenty of water to stay hydrated, as this makes the blood draw easier.

What to bring:

- Your photo ID and insurance card.
- The lab order form (if provided by your doctor).
- A small snack to eat immediately after your appointment.

If you have any questions or need to reschedule, please call our office at [Phone Number] as soon as possible.

We look forward to seeing you.

Sincerely,

[Staff Name/Department]
[Clinic/Medical Group Name]