Date: [Insert Date]

Subject: Important: Fasting Required for Your Upcoming Laboratory Appointment

Dear [Patient Name],

This is a reminder of your upcoming laboratory appointment scheduled for:

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

Fasting Instructions:

To ensure accurate test results, you are required to fast for at least [Insert Number, e.g., 8 to 12] hours before your appointment. This means:

- Do not eat any food.
- Do not drink any beverages other than plain water (no coffee, tea, juice, or gum).
- Continue to take your regular prescription medications unless otherwise directed by your physician.

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

Thank you for your cooperation.

Sincerely,

[Sender Name/Department]
[Healthcare Provider/Facility Name]