Date: [Insert Date]

To: [Patient Name]
Address: [Patient Address]

Subject: Reminder: Pre-Operative Laboratory Test Appointment

Dear [Patient Name],

This letter is to remind you of your upcoming pre-operative laboratory tests required for your scheduled surgery.

Appointment Details:
Date: [Insert Date]
Time: [Insert Time]
Location: [Insert Facility Name/Department]

Fasting Instructions:
For these tests to be accurate, you are required to fast. Please do not eat or drink anything (except water) for at least [Number] hours prior to your appointment time. You should continue to take your regular medications with small sips of water unless otherwise instructed by your doctor.

Important Information:

- Please bring your photo ID and insurance card.
- Arrive [Number] minutes early to complete registration.
- Failure to follow fasting instructions may result in the rescheduling of your tests and your surgery.

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

Sincerely,

[Sender Name]
[Facility/Clinic Name]