URGENT: FASTING REQUIRED FOR UPCOMING APPOINTMENT

Dear [Patient Name],

This is a reminder of your scheduled laboratory appointment:

Date: [Date]
Time: [Time]
Location: [Clinic/Laboratory Name]

CRITICAL INSTRUCTIONS:

- You are required to **FAST** for at least [Number] hours prior to your appointment.
- Do not eat any food or drink any beverages (including coffee, tea, or juice) during the fasting period.
- You may drink plain water only.
- Continue to take your regular prescription medications unless otherwise instructed by your doctor.

Failure to follow these fasting instructions may result in inaccurate test results or the need to reschedule your appointment.

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

Sincerely,

[Sender Name/Department]
[Facility Name]