Date: [Current Date]

Patient Name: [Patient Name]
Address: [Patient Address]
Phone Number: [Patient Phone Number]

Subject: Reminder: Rescheduled Appointment for Fasting Laboratory Test

Dear [Patient Name],

This is a reminder regarding your rescheduled laboratory appointment. Because your tests require fasting, please follow the instructions below carefully to ensure accurate results.

**Appointment Details:**

- **New Date:** [New Date]
- **New Time:** [New Time]
- **Location:** [Facility Name/Department Address]

**Fasting Instructions:**

- Do not eat or drink anything (except plain water) for [Number] hours before your appointment.
- Avoid chewing gum, smoking, or exercise during the fasting period.
- Continue taking your regular medications unless your doctor has told you otherwise.

If you are unable to keep this rescheduled appointment, or if you have questions regarding your fasting requirements, please contact us at [Phone Number] as soon as possible.

Sincerely,

[Your Name/Department]
[Healthcare Provider/Clinic Name]