[Date]

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

RE: FINAL NOTICE - Rescheduling of Laboratory Testing

Dear [Patient Name],

This is a final reminder regarding your outstanding laboratory tests for [Reason for Test/Order Name], originally ordered by [Physician Name] on [Original Date].

Our records indicate that you have not yet completed this testing. Please be advised that your current lab order is set to expire on [Expiration Date]. If the testing is not completed by this date, a new order will be required from your physician.

It is important to complete these tests to ensure your healthcare provider has the necessary information to manage your health effectively. To reschedule or confirm your appointment, please contact us immediately using the information below:

- **Phone:** [Phone Number]
- **Online Portal:** [Website URL]
- **Laboratory Hours:** [Operating Hours]

If you have already completed these tests recently or have already scheduled an appointment, please disregard this notice.

Sincerely,

[Your Name/Department]
[Facility Name]
[Contact Information]