[Date]

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

Subject: Rescheduling Your Missed Fasting Laboratory Appointment

Dear [Patient Name],

This letter is regarding the fasting laboratory examination you were scheduled for on [Missed Date] at [Time], which you were unable to attend.

We would like to reschedule this important test as soon as possible. Please contact our office at [Phone Number] or visit our online portal to select a new appointment time.

Fasting Instructions:

- Do not eat or drink anything (except plain water) for [Number] hours before your test.
- Continue taking your regular medications unless otherwise directed by your doctor.
- Avoid alcohol and strenuous exercise for 24 hours prior to the blood draw.

If you have already rescheduled or have questions regarding these instructions, please disregard this notice or call us for clarification.

Sincerely,

[Staff Name/Department]
[Clinic/Hospital Name]
[Phone Number]