

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

According to our records, you are now due for your routine HbA1c blood test. This test is a vital part of managing your health and monitoring your average blood sugar levels over the past three months.

Please contact our office at [Phone Number] to schedule an appointment at your earliest convenience. Alternatively, if you already have a lab order, please visit the laboratory to have your blood drawn.

Appointment Details:

- **Location:** [Clinic/Lab Name]
- **Hours:** [Operating Hours]
- **Preparation:** [e.g., No fasting required for this specific test]

Regular monitoring helps us ensure that your current treatment plan is effective. If you have already completed this test recently, please disregard this notice.

Thank you for your cooperation in managing your health.

Sincerely,

[Doctor/Provider Name]

[Practice Name]