

[Clinic Name]  
[Clinic Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

To: [Patient Full Name]  
Address: [Patient Address]

**Subject: Reminder for Pre-Diabetes Monitoring and HbA1c Blood Test**

Dear [Patient Name],

Our records show that you are due for your routine pre-diabetes monitoring and blood glucose check (HbA1c test).

As you have previously been identified as being at risk for developing type 2 diabetes, it is important to monitor your blood sugar levels annually. Regular testing allows us to track your progress and provide the necessary support to help you manage your health.

**What you need to do:**

- Please contact our reception at [Phone Number] to schedule your blood test.
- You do not need to fast for this specific HbA1c test unless otherwise instructed by your doctor.
- After your results are processed, a member of our team will contact you if a follow-up appointment is required.

In the meantime, we encourage you to continue focusing on healthy lifestyle choices, including a balanced diet and regular physical activity.

If you have already had this test performed elsewhere recently, please let us know so we can update your medical records.

Sincerely,

[Doctor/Provider Name]  
[Clinic/Practice Name]