[Date]

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

Dear [Patient Name],

This letter is to confirm your appointment for a Spirometry (Lung Function) test to monitor your asthma.

Appointment Details:

- **Date:** [Date of Appointment]
- **Time:** [Time]
- **Location:** [Clinic Name/Department]
- **Practitioner:** [Name of Professional]

What is a Spirometry Test?
Spirometry is a simple breathing test that measures how much air you can breathe out and how fast you can do it. It helps us check how well your lungs are working and manage your asthma treatment.

How to Prepare:

- Do not smoke for at least 24 hours before the test.
- Avoid vigorous exercise for 30 minutes before the test.
- Avoid eating a heavy meal for 2 hours before the test.
- Wear loose, comfortable clothing.
- **Medication:** Please do not use your reliever inhaler (blue inhaler) for [4-6] hours before the test unless it is an emergency. Continue all other medications as normal.

If you are unable to attend or have had a chest infection or started antibiotics in the last 2 weeks, please call us at [Phone Number] to reschedule.

Sincerely,

[Your Name/Clinic Name]
[Contact Information]