

# Patient Instructions for Lab Test Completion

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Lab Test: [Insert Lab Test Name]

**Dear [Patient's Name],**

Thank you for choosing our facility for your laboratory testing. Please review the following instructions carefully to ensure accurate and timely results.

## **Preparation for Your Test:**

- Fasting: [Specify if fasting is required, duration, and any exceptions]
- Medications: [List any medications to avoid prior to testing]
- Hydration: [Include recommendations about water intake]
- Sample Collection: [Detail where and how to provide the sample]

## **Day of the Test:**

Please arrive at [Insert Time] at [Insert Location]. Bring the following:

- Your health insurance card
- Government-issued ID
- Any required referrals or paperwork

## **After the Test:**

You will be notified of your results within [Insert Time Frame]. If you have any questions or concerns, please contact us at [Insert Phone Number].

**Thank you!**

Sincerely,  
[Your Clinic Name]