

Laboratory Test Request Confirmation

Date: **[Insert Date]**

Patient Name: **[Patient Name]**

Patient ID: **[Patient ID]**

Referring Physician: **[Physician Name]**

Test Requested: **[Test Name]**

Lab Reference Number: **[Reference Number]**

Important Information

Please ensure the patient arrives fasting if required for the test. The expected time for results is **[Expected Time]**.

Contact Information

If you have any questions or need to make changes to this request, please contact us at:

Email: **[Email Address]**

Phone: **[Phone Number]**

Thank you for your cooperation.

Best Regards,

[Laboratory Name]

[Laboratory Address]