## **Pre-Appointment Instructions**

Dear [Patient's Name],

We appreciate your cooperation in preparing for your upcoming Liver Function Test scheduled for [Date] at [Time]. To ensure accurate results, please follow the instructions below:

## **Instructions:**

- Do not eat or drink anything for at least 8 hours before the test.
- If you are taking medications, please consult your doctor regarding possible adjustments.
- Avoid alcohol consumption for 24 hours prior to the test.
- Wear comfortable clothing that allows easy access to your arm.

If you have any questions or need to reschedule, please contact us at [Clinic Phone Number].

Thank you for your attention to these instructions.

Sincerely,

[Your Name] [Your Position] [Clinic Name] [Contact Information]