

A1C Blood Test Confirmation

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm that [Patient's Name], born on [Patient's Date of Birth], underwent an A1C blood test on [Test Date]. The purpose of this test was to assess [his/her] blood glucose levels for diabetes management and monitoring.

Test Details:

- Test Name: A1C Blood Test
- Patient ID: [Insert Patient ID]
- Results: [Insert Test Results]
- Reference Range: [Insert Reference Range]

If you require any further information, please feel free to contact our office at [Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Medical Facility Name]

[Contact Information]