

Clinical Lab Visit Notification

Date: [Date]

Dear [Patient's Name],

This is to inform you that you are scheduled for a visit to our clinical lab for your [Type of Test] on [Date and Time]. Please arrive 15 minutes early to complete any necessary paperwork.

Location: [Lab Address]

Remember to bring your identification and, if applicable, your insurance information. If you have any questions or need to reschedule, please contact us at [Contact Number].

Thank you,

[Your Name]

[Your Position]

[Lab Name]

[Contact Information]