**Attachment 14b** DATE

NAME

STREET ADDRESS

CSZ

Dear [SALUTATION LAST NAME]/[Parent]:

This is a reminder of your appointment for your [child’s] free health survey examination on**DAY, DATE at** **TIME** at our Mobile Examination Center. We are located at MEC ADDRESS ST CSZ. Our telephone number is 1-855-958-0631. For your convenience, we are enclosing directions to the Mobile Examination Center.

Please follow the attached instructions. It will help make your [child’s] visit more valuable!

Your [child’s] examination is very important to the success of our health survey. Without your [child’s] help, our nation’s health data findings will not be complete. This is why it is essential that you keep your [child’s] appointment as scheduled.

Let me also assure you again that everything we learn from your [child’s] examination will be kept confidential. The results of your examination will be sent directly to you in about 3 to 4 months from the day of your examination.

Please do not hesitate to call our office if you have any questions. Thank you again for your time with this important health survey.

Sincerely yours,

SM NAME

Study Manager

Enclosures SPID

**Please follow these instructions to make sure the tests and your results are accurate:**

1. Do **not** eat or drink anything except water after **[FOR SPS AGE 12+, FOR MEC APPOINTMENT SLOTS THAT START AT OR BEFORE 11AM, DISPLAY TIME 8 HOURS BEFORE THE APPOINTMENT TIME. FOR SPS AGE 12+, FOR MEC APPOINTMENT SLOTS THAT START AFTER 11AM, DISPLAY TIME 3 HOURS BEFORE THE APPOINTMENT TIME. DISPLAY TIME AS XX:XX AM/PM.]** on **[DISPLAY DAY, MONTH, DATE. FOR APPOINTMENTS BEFORE 8AM, DISPLAY THE DATE BEFORE THE APPOINTMENT DATE. FOR APPOINTMENTS AT OR AFTER 8AM, DISPLAY THE DATE OF THE APPOINTMENT].**
	* Do **not** chew gum, use cough drops, or use breath mints.
	* The tests for cholesterol, liver, and diabetes and pre-diabetes may not be accurate if you eat anything prior to the exam.
2. Take your prescription medications as directed by your medical provider.
	* If allowable by your doctor, please do **not** take your diabetes pills or insulin before your exam. Bring them with you so that you can take them after your blood test.
	* Your exam will test how well your medications are working to treat your diabetes.
	* You may bring food to the exam center to have immediately after your blood test.
3. Do **not** take non-prescription vitamins or supplements before your exam.
4. Please leave your jewelry at home and do bring a sweater if you get cold easily.
5. Our professional staff will be available to answer any questions you may have during your exam.