[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Doctor's Name]
[Doctor's Office Name]
[Office Address]

Subject: Request for Preventive Cardiology Screening

Dear Dr. [Doctor's Last Name],

I am writing to formally request a comprehensive preventive cardiology screening. Based on my current health goals and my interest in proactive cardiovascular care, I would like to establish a baseline for my heart health.

I am particularly interested in this screening due to the following factors:
[Insert family history of heart disease, high blood pressure, cholesterol concerns, or lifestyle factors]

I would like to discuss the following diagnostic tests during my visit:
- Comprehensive Lipid Profile (including ApoB or Lp(a) if applicable)
- High-sensitivity C-reactive protein (hs-CRP) test
- Calcium Scoring (CT Heart Scan)
- Electrocardiogram (ECG/EKG)
- Blood Pressure and Glucose screening

Please let me know the next available appointment time to discuss these tests and any necessary referrals. If there are specific instructions regarding fasting or preparation prior to the appointment, please inform me.

Thank you for your time and for assisting me in managing my long-term heart health.

Sincerely,

[Your Signature]

[Your Printed Name]