URGENT: MEDICAL RECORD NOTIFICATION

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Dear [Insert Patient Name],

We are contacting you regarding your routine cholesterol panel performed on [Insert Date of Lab Work]. Your results have returned with critically high levels that require immediate medical attention and lifestyle intervention.

Your Results:

- Total Cholesterol: [Insert Result] mg/dL
- LDL (Bad Cholesterol): [Insert Result] mg/dL
- HDL (Good Cholesterol): [Insert Result] mg/dL
- Triglycerides: [Insert Result] mg/dL

These levels indicate a significantly increased risk for cardiovascular events, such as a heart attack or stroke. It is important that we discuss a treatment plan as soon as possible.

Next Steps:

1. Contact our office at [Insert Phone Number] within 24-48 hours to schedule a follow-up appointment.
2. Do not start any new supplements or stop current medications until we speak.
3. Prepare to discuss potential options, including dietary changes, exercise, and lipid-lowering medications.

If you experience chest pain, shortness of breath, or sudden weakness, please seek emergency medical services immediately by calling 911.

Sincerely,

[Insert Provider Name/Signature]
[Insert Practice Name]
[Insert Phone Number]