[Doctor Name]
[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

I am writing to share the results of your recent routine cholesterol panel performed on [Date of Test].

Your laboratory results indicate that your cholesterol levels are outside of the target range. Specifically, your [Total Cholesterol/LDL/Triglycerides] levels are currently [Level Value], which is higher than recommended for your health profile.

To help manage these levels and reduce your risk of cardiovascular complications, I have issued a prescription for the following medication:

- **Medication Name:** [Name of Drug]
- **Dosage:** [e.g., 20mg]
- **Frequency:** [e.g., Once daily in the evening]

The prescription has been sent electronically to [Pharmacy Name]. Please begin taking this medication as directed. In addition to this medication, I continue to recommend maintaining a heart-healthy diet and regular physical activity.

We will need to repeat your blood work in [Number] months to monitor the effectiveness of the medication and check for any side effects.

If you have any questions regarding these results or the new medication, please contact our office at [Phone Number].

Sincerely,

[Doctor Signature]
[Doctor Printed Name]