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

Dear [Patient Name],

We are writing to provide you with the results of your recent fasting cholesterol panel conducted on [Date of Lab Work].

Your Results:

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

Provider Comments:
[Insert clinical notes here, e.g., Your levels are within the target range. / Your levels are elevated and require a follow-up consultation.]

Next Steps:
[Insert instructions here, e.g., Please continue your current diet and exercise routine. / Please schedule an appointment to discuss these results further.]

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

Sincerely,

[Provider Name/Signature]
[Clinic/Practice Name]