Date: [Date]

Patient Name: [Patient Full Name]
Date of Birth: [DOB]

Dear [Patient Name],

We are writing to provide the results of your recent non-fasting routine cholesterol panel performed on [Date of Test].

Your Results:

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

Provider Comments:
[Insert: Normal / Borderline / High / Requires Medication Adjustment]

Next Steps:

[Insert: No further action needed / Please schedule a follow-up / Repeat test while fasting / Continue current lifestyle changes]

A non-fasting test provides a reliable screening for your cardiovascular health. However, if your triglyceride levels are elevated, we may request a follow-up test after an 8 to 12-hour fast.

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

Sincerely,

[Provider Name/Signature]
[Practice Name]