Date: [Date]

To: [Recipient Cardiologist Name]
Clinic: [Cardiology Department/Clinic Name]
Address: [Cardiology Clinic Address]

RE: Referral for Specialized Lipid Management
Patient Name: [Patient Full Name]
Date of Birth: [Patient DOB]
Patient Phone: [Patient Phone Number]

Dear Dr. [Cardiologist Last Name],

I am referring this patient to your care for a formal cardiology evaluation following the results of a routine cholesterol panel. The patient's recent lab work indicates significant dyslipidemia that requires specialized management.

Recent Lab Results (Date: [Date of Labs]):

- Total Cholesterol: [Value] mg/dL
- LDL (Calculated): [Value] mg/dL
- HDL: [Value] mg/dL
- Triglycerides: [Value] mg/dL

Clinical Context:
The patient has the following risk factors: [e.g., Hypertension, Family History of CAD, Smoking, Diabetes]. Current medications include: [List Medications].

Reason for Referral:
[e.g., Persistent high LDL despite statin therapy / High cardiovascular risk score / Suspected familial hypercholesterolemia].

Please evaluate the patient and provide your recommendations for therapeutic intervention or further diagnostic testing (e.g., Calcium Scoring or Carotid Ultrasound) as you see fit.

Thank you for your consultation. Please find the complete lab report and patient history attached.

Sincerely,

[Referring Physician Signature]
[Referring Physician Name]
[Clinic Name]
[Phone Number]