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

[Date]

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

Subject: Results of Your Recent Cholesterol Panel and Medication Adjustment

Dear [Patient Name],

We have received the results of your routine blood work performed on [Date]. Your cholesterol panel showed the following levels:

- Total Cholesterol: [Result] mg/dL
- LDL (Low-Density Lipoprotein): [Result] mg/dL
- HDL (High-Density Lipoprotein): [Result] mg/dL
- Triglycerides: [Result] mg/dL

Based on these results, your LDL ("bad" cholesterol) remains above our target goal. To better manage your cardiovascular health and reduce your risk of future complications, I am adjusting your cholesterol medication as follows:

Current Medication: [Old Medication Name/Dose]
New Medication/Dose: [New Medication Name/Dose]
Instructions: Take [Number] tablet(s) by mouth [Frequency, e.g., once daily in the evening].

A new prescription has been sent to your pharmacy: [Pharmacy Name]. Please stop taking your previous dose and begin the new dosage immediately.

Please schedule a follow-up blood test in [Number] weeks to monitor the effectiveness of this adjustment. If you experience any unusual muscle pain, weakness, or fatigue, please contact our office right away.

If you have any questions regarding these results or your new treatment plan, please call us at [Phone Number].

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]