[Clinic/Hospital Name]
[Clinic Address]
[Phone Number]
[Date]

To the Parents/Guardians of: [Patient Name]
Date of Birth: [DOB]
Date of Lab Work: [Date of Service]

Dear [Parent/Guardian Name],

We are writing to provide the results of the routine cholesterol (lipid) panel performed during your child's recent visit. These tests are part of standard pediatric screening to monitor heart health.

Test Results:

- Total Cholesterol: [Result] mg/dL
- LDL (Lower-density lipoprotein): [Result] mg/dL
- HDL (High-density lipoprotein): [Result] mg/dL
- Triglycerides: [Result] mg/dL

Interpretation:

[ ] The results are within the normal range for your child's age. No further action is required at this time.

[ ] Some values are outside the optimal range. Please schedule a follow-up appointment or call our office at [Phone Number] to discuss dietary recommendations and next steps.

Maintaining a balanced diet and regular physical activity are the best ways to support healthy cholesterol levels in children. If you have any questions regarding these results, please do not hesitate to contact our office.

Sincerely,

[Provider Name/Signature]
[Clinic Name]