

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

[Date]

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

RE: Recent Blood Work Results and Medication Change

Dear [Patient Name],

We have received the results of your recent lipid panel (cholesterol) blood test performed on [Date].

Your results show that your levels remain outside of the target range. Specifically:

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

Based on these findings, we need to adjust your medication to better manage your cardiovascular health and reduce your risk of heart disease.

**Medication Instructions:**

- **Discontinue:** [Old Medication Name/Dose]
- **Start:** [New Medication Name/Dose]
- **Frequency:** [e.g., Once daily in the evening]

A new prescription has been sent to your pharmacy: [Pharmacy Name].

Please continue to follow a heart-healthy diet and maintain regular physical activity. We would like to repeat your blood work in [Number] weeks to monitor the effectiveness of this adjustment.

If you experience any new muscle pain, weakness, or other side effects, please contact our office immediately.

Sincerely,

[Doctor Signature]

[Doctor Printed Name]