

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert ID Number]

Your Cholesterol Screening Results & Action Plan

Dear [Insert Patient Name],

Thank you for completing your recent cholesterol screening. Below are your results and the recommended next steps to manage your heart health.

1. Screening Results

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

2. Clinical Assessment

Based on these results, your levels are currently classified as: **[Optimal / Borderline / High Risk]**.

3. Your Personalized Action Plan

Dietary Changes:

- Increase intake of soluble fiber (oats, beans, lentils).
- Reduce saturated fats and eliminate trans fats.
- Increase consumption of Omega-3 fatty acids (fish, walnuts).

Physical Activity:

- Goal: [Insert Goal, e.g., 30 minutes of brisk walking 5 days a week].

Medical Intervention:

- No medication required at this time.
- Prescription initiated: [Insert Medication Name and Dosage].

4. Follow-Up Schedule

We would like to re-test your levels in **[Insert Number]** months to monitor your progress. Please schedule your next appointment for **[Insert Month/Year]**.

If you have any questions regarding these results, please contact our office at [Insert Phone Number].

Sincerely,

[Provider Name]

[Clinic Name]