

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

[Date]

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

Dear [Patient Name],

Our records indicate that it is time for your annual lipid panel (cholesterol screening). This routine blood test is an important part of monitoring your cardiovascular health and managing your cholesterol levels.

Please contact our office at [Phone Number] to schedule an appointment for your blood draw. Alternatively, you may schedule through your patient portal at [Portal URL].

Important Instructions:

For the most accurate results, this test usually requires fasting. Please do not eat or drink anything (except water) for 9 to 12 hours before your blood is drawn. Please continue to take any prescribed medications as usual.

If you have recently had this lab work completed at another facility, please let us know so we can update your medical records.

We look forward to seeing you soon.

Sincerely,

[Provider Name/Practice Name]