

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Reminder for Your Routine Cholesterol Screening

Dear [Patient Name],

Our records indicate that you are due for a routine cholesterol screening. Regular blood tests are an important part of managing your heart health and preventing future cardiovascular issues.

High cholesterol often has no symptoms, so periodic testing is the only way to monitor your levels and ensure your current health plan is effective.

Please contact our office at [Phone Number] to schedule your lab appointment. You may also book your appointment online through our patient portal at [Website URL].

**Note:** This test typically requires fasting for 9 to 12 hours before your blood is drawn. Please follow any specific instructions provided by our staff when you schedule your visit.

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

Sincerely,

[Doctor Name/Clinic Name]

[Clinic Address]

[Phone Number]