

Date: [Insert Date]

To: [Patient Name]

Address: [Patient Address]

Date of Birth: [Patient DOB]

Subject: Scheduled Review of Your Statin Medication

Dear [Patient Name],

Our records show that you are currently prescribed a statin medication to help manage your cholesterol levels. To ensure this medication remains safe and effective for you, it is time for your routine clinical review.

Regular monitoring is important to check your cholesterol levels and to ensure your liver and kidney functions are performing correctly while on this medication.

What you need to do:

- **Step 1:** Please schedule a blood test at your earliest convenience.
- **Step 2:** Once your results are back, please book a follow-up appointment with [Doctor Name/Nurse Name] to discuss the results and renew your prescription.

You can book these appointments by calling our office at [Phone Number] or through our online portal at [Website Link].

If you have recently had blood work completed or have already scheduled an appointment, please disregard this notice.

Thank you for your cooperation in managing your health.

Sincerely,

[Doctor/Clinic Name]

[Practice Name]

[Contact Information]