

[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Doctor's Name]
[Clinic/Hospital Name]
[Clinic Address]
[City, State, Zip Code]

Subject: Request for Follow-up Lipid Panel Lab Work

Dear Dr. [Doctor's Last Name],

I am writing to request a laboratory order for a follow-up lipid panel. Since our last consultation on [Date of Last Visit], I have been strictly following the dietary and lifestyle modifications we discussed to manage my cholesterol levels.

Specifically, I have implemented the following changes over the past [Number] months:

- [Briefly mention change, e.g., Reduced saturated fat intake]
- [Briefly mention change, e.g., Increased daily fiber]
- [Briefly mention change, e.g., Regular cardiovascular exercise]

I would like to check my current levels to evaluate the effectiveness of these interventions and determine the next steps in my treatment plan. Please let me know if you can send the lab order to [Preferred Laboratory Name] or if I need to schedule a brief appointment first.

Thank you for your time and continued care.

Sincerely,

[Your Signature]
[Your Printed Name]