

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This letter is to inform you that it is time for your biannual cholesterol level evaluation. Our records indicate that your last assessment was completed six months ago.

Regular monitoring of your lipid profile is essential for managing your cardiovascular health and evaluating the effectiveness of your current treatment plan.

Evaluation Details:

- **Test Type:** Lipid Panel (Total Cholesterol, LDL, HDL, and Triglycerides)
- **Preparation:** Please fast for 9 to 12 hours prior to your blood draw (water is permitted).
- **Deadline:** Please complete this lab work by [Insert Date].

You may visit [Insert Lab Name/Location] during their normal business hours. No appointment is necessary for the lab, but please bring your insurance card and this letter.

Once your results are available, our office will contact you to discuss the findings and any necessary adjustments to your medications or lifestyle recommendations. If you have already scheduled this appointment or completed your labs recently, please disregard this notice.

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

Sincerely,

[Provider Name/Signature]

[Practice Name]