

Health Screening Results

Date: [Insert Date]

To: [Insurance Company Name]

Attn: [Recipient's Name]

Dear [Recipient's Name],

This letter serves to present the health screening results of [Patient's Full Name], conducted on [Date of Screening] as part of their insurance application process.

Health Screening Results

- **Blood Pressure:** [Insert Result]
- **Cholesterol Level:** [Insert Result]
- **Glucose Level:** [Insert Result]
- **Body Mass Index (BMI):** [Insert Result]
- **Other Relevant Metrics:** [Insert Additional Information]

The results are consistent with a health profile of [Insert Summary], and [Patient's Name] is considered eligible for [Insert Insurance Details].

If you have any questions or require further information, please do not hesitate to contact us.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]