

Cholesterol Management Consultation Request

Date: [Insert Date]

To: [Doctor's Name]

[Doctor's Title]

[Medical Institution's Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Dear [Doctor's Name],

I am writing to request a consultation regarding cholesterol management for my patient, [Patient's Name], who has been experiencing elevated cholesterol levels. The patient is [Patient's Age] years old and has a medical history that includes [Brief Medical History].

Despite lifestyle modifications including diet and exercise, the patient's cholesterol levels remain high, with recent lab results indicating total cholesterol levels of [Insert Total Cholesterol], LDL levels of [Insert LDL], and HDL levels of [Insert HDL].

We would like to explore further options for effective management and treatment strategies. Please let us know your availability for an appointment, and any additional information you may require for the consultation.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]

[Your Institution's Name]