

Date: \_\_\_\_\_

### Cholesterol Test Results Form

PATIENT NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

<p>You recently had a cholesterol test performed, and the result was: _____</p> <p>____ Your cholesterol is elevated:</p> <p>As an elevated cholesterol level is associated with increased risk of heart disease, it is important for you to try to lower your cholesterol. A good way to do this is to change your diet to one that is low in cholesterol and animal fats. I am enclosing an information sheet for you to use as a guideline for choosing these foods.</p> <p>____ Please follow this diet for three months, and then call to make an appointment with me to discuss your progress and any further plans for lowering your cholesterol level.</p> <p>____ Please make an appointment for us to discuss this further</p> <p>____ Please call for a lab appointment to have a fasting lipid profile</p> <p>____ OTHER: I recommend the following: _____</p> <p>_____</p>
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Sincerely:

\_\_\_\_\_

#### DISCLAIMER

"This document has been translated as accurately as possible from English to \_\_\_\_\_. Many words, terms, and abbreviations do not translate well into other languages. Therefore, this document is not an exact duplicate of the original. If any of the terms or explanations are confusing or unclear, please ask the interpreter to have our staff clarify it for you so we can be sure you understand the content. Thank you!"