

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

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

\_\_\_\_\_

RE:

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medicaid ID#: \_\_\_\_\_

Dear Care provider,

Our shared patient, listed above, is currently prescribed a medication which requires metabolic monitoring. \_\_\_\_\_ has notified us that the following recommended metabolic labs are due.

Please order the indicated lab(s):

\_\_\_\_\_ Cholesterol or LDL

\_\_\_\_\_ Blood Glucose or HbA1c

The National Committee for Quality Assurance's Healthcare Effectiveness Data and Information Set (HEDIS®) guidelines indicate that children who are prescribed specific medications should receive cholesterol and glucose screening at least once per year.

Thank you in advance for your prompt attention to this matter. Please let us know if we can be of any assistance in completing this request.

Sincerely,

CM \_\_\_\_\_

**Important note:** You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax, or other electronic transmission.

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