



Date: _____

Provider Name: _____

Provider Address: _____

RE:

Patient Name: _____

Date of Birth: _____

Medicaid ID#: _____

Dear Provider,

Our shared patient, listed above, is currently prescribed a medication which requires metabolic monitoring. Healthfirst 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 _____