



**Children's Health Home  
of Upstate New York**  
*Family Driven Care Management Services*



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. **Independent Health** 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 American Academy of Child and Adolescent Psychiatry (AACAP) 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 \_\_\_\_\_