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 (Date)

(**Your Town) CHIP®**

**Complete Health Improvement Program**

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Dear Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

This is to inform you that I am a participant in the Complete Health Improvement Program (CHIP®) that is described in the enclosed brochure.

I have been told that if I am on routine medications for elevated blood pressure, elevated lipids, high blood sugar, or any heart medications that I should stay in close contact with you. Frequently, changes in lifestyle reduce the need for some of these medications.

Enclosed are my laboratory and lifestyle profile results. At the close of the program I will submit to you my follow-up test results.

The CHIPleaders welcome any questions you might have. Our program director is (name of director/facilitator) and you may reach (him/her ) at (phone number ).

Sincerely yours,

*Attached*  - Lifestyle profile result

* Laboratory results