



ALMANSOORI SPECIALIZED ENGINEERING

INTER-OFFICE CORRESPONDENCE

To : _____ Division : _____
From : HSEQ Department Date : _____

Dear _____,

Greetings!

Your last Medical Check-up showed that you are in Category _____.
Your _____ is/are elevated.

In order to improve your health condition and avoid serious consequences you may follow the following guidelines to lower your Cholesterol/Triglycerides.

You should be strictly on **low fat diet** for three months; that means no fried food. Limit intake of meat to 3 times a week and it should be **lean meat**. Eggs can be served 3 X a week if desired and should be soft boiled or poached. Eat lots of vegetables preferably fresh salad **before any cooked food** for lunch and dinner.

Never eat heavy meals after nine (9) in the evening. Usually fats are stored in the evening if you don't utilize them for energy.

Have a regular daily exercise to burn the bad cholesterol like brisk walking or jogging for 15-30 minutes. Persistently elevated Cholesterol/Triglycerides can affect the heart and circulation.

We need to repeat the Blood Cholesterol/ Triglycerides after 3months and compare results. Please furnish me a copy once you've done it.

You may visit your attending physician or my office to discuss laboratory results.

Sincerely,

Dr. Edna Aricaya-Huevos
Health Advisor