(DATE)

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

We had the pleasure of seeing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in our office today in consultation. In our medication review we found that he/she is not on statin therapy. A growing body of literature, as summarized in a meta-analysis1, has demonstrated that statin therapy is beneficial in reducing morbidity and mortality in patients with peripheral vascular disease (PAD). This benefit has been shown to extend to patients undergoing carotid surgery, lower extremity bypass surgery, and abdominal aortic aneurysm surgery, regardless of cholesterol level.

Accordingly, at today’s visit, we started our shared patient on simvastatin 40mg daily. This initiative to optimize statin use in patients with vascular disease is a component of the **So**uthern **Cal**ifornia **V**ascular **O**utcomes **I**mprovement **C**ollaborativ**e** (So Cal VOICe), in which I am a member and active participant. The So Cal VOICe is a regional voluntary cooperative group of vascular disease specialists dedicated to improving outcomes and advancing the care of vascular patients. Our regional group is part of a national network of quality improvement organizations sponsored by the Society for Vascular Surgery.

We sent a baseline liver function panel today and have asked him/her to follow up with you in four to six weeks for repeat liver function studies. As always, if you have any questions please contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_, and I would be happy to speak with you.

Sincerely,



http://www.vascularqualityinitiative.org/

1. Stalenhoef AF. The benefit of statins in non-cardiac vascular surgery patients. J Vasc Surg 2009;49:260­

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