

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Doctor's Name]  
[Clinic/Hospital Name]  
[Address]

[City, State, Zip Code]

Subject: Consent for EKG Testing

Dear [Doctor's Name],

I, [Your Name], hereby give my consent for an Electrocardiogram (EKG) to be performed as part of my medical evaluation. I understand that this test is designed to assess the electrical activity of my heart and that it will involve attaching electrodes to my skin.

I have been informed about the procedure, its purpose, potential risks, and benefits, and I have had the opportunity to ask questions regarding the EKG testing.

I consent to the EKG test being conducted on [Date of Test] at [Location of Test].

Thank you for your attention.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Date of Birth]

[Patient ID (if applicable)]