

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

[Recipient's Name]  
[Recipient's Title]  
[Medical Facility Name]  
[Facility Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to request the scheduling of an Electrocardiogram (EKG) test for myself.

Patient Information:

Name: [Your Full Name]

Date of Birth: [Your DOB]

Insurance Information: [Insurance Provider, Policy Number]

I would appreciate it if you could provide available dates and times for the test at your earliest convenience. If there are any specific preparations required prior to the test, please let me know.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]