

[Your Name]  
[Your Title]  
[Your Medical Practice Name]  
[Practice Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Recipient's Practice Name]  
[Practice Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Full Name], [Patient's Date of Birth], for an electrocardiogram (EKG) due to [reason for referral, e.g., chest pain, palpitations, etc.].

Clinical Background:

- [Relevant medical history]
- [Current medications]
- [Symptoms related to the EKG indication]

Please evaluate [him/her/them] for [specific concerns or tests needed] and report your findings back to me.

Thank you for your assistance in this matter. Please do not hesitate to contact me if you require any additional information.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Title]