

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Hospital/Clinic Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request the scheduling of an EKG test for [Patient's Name], who is under my care.

Patient Information:

- Name: [Patient's Full Name]
- Date of Birth: [Patient's DOB]
- Insurance Information: [Insurance Provider]

Please let us know your available dates and times for the EKG test, as well as any necessary preparations or documents required prior to the appointment.

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

Sincerely,

[Your Name]
[Your Title/Position]
[Your Organization]