

[Your Clinic Letterhead]

[Date]

[Specialist's Name]

[Specialist's Title]

[Specialist's Clinic/Hospital Name]

[Address]

[City, State, Zip Code]

Dear [Specialist's Name],

RE: EKG Report for Patient [Patient's Full Name]

DOB: [Patient's Date of Birth]

MRN: [Medical Record Number]

I am writing to refer the above-mentioned patient for further evaluation based on the results of their recent EKG which was performed on [Date of EKG].

**\*\*Clinical History:\*\***

[Summarize relevant patient history, symptoms, and reason for EKG]

**\*\*EKG Findings:\*\***

- Heart Rate: [XXX bpm]

- Rhythm: [e.g., Normal Sinus Rhythm, Atrial Fibrillation, etc.]

- Axis: [e.g., Normal Axis, Left Axis Deviation, etc.]

- Intervals: [e.g., PR, QRS, QTc intervals]

- ST Segment: [e.g., Elevation, Depression, Normal]

- Other Findings: [e.g., Arrhythmias, Hypertrophy indicators, Ischemic changes]

**\*\*Impression:\*\***

[Summarize the overall impression from the EKG findings]

Given the above findings, I believe a consultation with you is warranted to further assess [specific concerns or recommendations based on findings].

Please find enclosed a copy of the EKG report for your review. Should you require additional information or have any questions, feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic Name]

[Your Contact Information]

[Your License Number]