

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

[Primary Care Physician's Name]  
[Primary Care Physician's Practice Name]  
[Primary Care Physician's Address]  
[City, State, Zip Code]

Dear [Primary Care Physician's Name],

Subject: EKG Report Review for [Patient's Name]

I hope this letter finds you well. I am writing to provide you with a review of the EKG report for our mutual patient, [Patient's Name], who underwent the EKG on [Date of EKG].

**\*\*Patient Information:\*\***

- Name: [Patient's Full Name]
- Date of Birth: [Patient's DOB]
- Medical Record Number: [Patient's MRN]

**\*\*Clinical Indication:\*\***

[Briefly describe the reason for the EKG, e.g., chest pain, arrhythmia monitoring, etc.]

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

- Heart Rate: [xxx bpm]
- Rhythm: [Normal sinus rhythm/other findings]
- Intervals: [PR interval, QRS duration, QT interval, etc.]
- Axis: [Normal/Left/Right axis deviation]
- Additional Findings: [Describe any abnormalities or significant findings]

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

The EKG results indicate [brief summary of findings, e.g., normal, presence of arrhythmia, signs of ischemia, etc.].

**\*\*Recommendations:\*\***

I recommend [any further evaluations, treatments, or referrals based on findings].

Please feel free to reach out if you have any questions or would like to discuss this case further. Thank you for your continued collaboration in providing care for [Patient's Name].

Best regards,

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