

[Your Name]
[Your Title/Position]
[Your Institution/Practice Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Recipient's Institution/Practice Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for Detailed EKG

I am writing to request a detailed electrocardiogram (EKG) for my patient, [Patient's Full Name], [Patient's Age], who has been experiencing [brief description of the symptoms or condition].

Patient Information:

- **Patient ID:** [Insert Patient ID]
- **Date of Birth:** [Insert DOB]
- **Address:** [Insert Patient Address]

Clinical History:

[Provide a brief summary of the patient's medical history, relevant diagnoses, and reasons for EKG request.]

Reason for EKG:

[Explain specifically why the EKG is required, citing symptoms, abnormalities, or specific concerns.]

Requested EKG Types:

- [Specify any particular type of EKG if required, e.g., resting EKG, stress EKG, etc.]

Please include a detailed report with your interpretation of the EKG findings. If you require any further information about the patient or their medical history, do not hesitate to contact me.

Thank you for your attention to this request. I look forward to your prompt response.

Sincerely,

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