

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

[Cardiologist's Name]
[Cardiology Department/Practice Name]
[Cardiologist's Address]
[City, State, Zip Code]

Dear [Cardiologist's Name],
I am writing to request an evaluation and consultation for my patient,
[Patient's Full Name], [Patient's Age], who has been experiencing [brief
description of symptoms or reason for referral, e.g., palpitations, chest
pain].

****Patient Information:****

- ****Date of Birth:**** [Patient's DOB]
- ****Medical Record Number:**** [Patient's MRN]
- ****Relevant Medical History:**** [Brief summary of relevant medical
history]
- ****Current Medications:**** [List of medications]

****Reason for Consultation:****

[Provide a brief overview of the patient's condition and the specific
reasons for requesting an EKG. Include any pertinent findings from prior
examinations or tests.]

****Attached Documentation:****

- Previous EKG results (if available)
- Relevant lab results
- Patient's medical history summary

Please let me know if you need any further information or additional
records prior to the consultation. I appreciate your attention to this
matter and look forward to your expert evaluation.

Thank you for your assistance.

Sincerely,

[Your Name]
[Your Position]
[Your Institution/Practice Name]