

[Your Name]
[Your Title]
[Your Institution/Practice Name]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Recipient's Institution/Practice Name]
[Address]
[City, State, Zip Code]
Dear [Recipient's Name],
I am writing to request an electrocardiogram (EKG) for my patient,
[Patient's Full Name], [Patient's Date of Birth], [Patient's Medical
Record Number if applicable].
Reason for EKG:
[Specify symptoms or reasons for the request, e.g., chest pain,
palpitations, routine check-up, etc.]
Clinical History:
[Briefly describe relevant medical history or conditions that necessitate
the EKG.]
Preferred Timing:
[Indicate when you would like the EKG to be performed, if applicable.]
Please let me know if additional information is required. Thank you for
your assistance.
Sincerely,
[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title]