

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

Dear [Recipient's Name],

Subject: EKG Procedure Request for [Patient's Name]

I am writing to request an Electrocardiogram (EKG) for my patient, [Patient's Name], [Patient's Age] years old, [Patient's Gender], who has been experiencing [brief description of symptoms or reason for EKG].

Patient's Medical History:

- Relevant medical history: [List any pertinent medical history or conditions]

- Current medications: [List any medications the patient is taking]

The EKG is requested to evaluate [specific reasons for EKG, e.g., chest pain, palpitations, etc.]. Please perform the procedure at your earliest convenience and provide me with the results as soon as possible.

Should you need any additional information or clarification, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title/Position]

[Your Institution/Practice Name]