[Your Name]
[Your Position]
[Your Clinic/Hospital Name]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Receiving Doctor's Name]
[Receiving Clinic/Hospital Name]
[Address]
[City, State, Zip Code]
Dear [Receiving Doctor's Name],
I am writing to request an electrocardiogram (EKG) for my patient, [Patient's Name], who is [age] years old. The patient presents with [brief description of symptoms or concerns, e.g., chest pain, palpitations, etc.], and I would like to conduct this test to further evaluate their cardiac function.
Patient Information:
- Name: [Patient's Name]
- Date of Birth: [Patient's Date of Birth]
- Medical Record Number: [Patient's MRN if applicable]
- Insurance Information: [Patient's insurance details]
Please find attached the relevant medical history and notes. I appreciate your assistance with this matter and look forward to your prompt response regarding scheduling the EKG.
Thank you for your attention to this request.
Sincerely,
[Your Name]
[Your Position]
[Your Clinic/Hospital Name]
[Contact Information]