

[Your Name]  
[Your Title/Position]  
[Your Organization/Practice Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Provider Organization/Practice Name]  
[Provider Address]  
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to request an electrocardiogram (EKG) for my patient, [Patient's Name], [Patient's Date of Birth], who is experiencing [brief description of symptoms or reason for EKG request].

To assist in the diagnosis and management of [Patient's Name]'s condition, I believe an EKG is necessary to evaluate [specific concerns, e.g., heart rhythm, signs of ischemia, etc.].

Please find below the relevant patient information:

- Patient ID: [Medical Record Number]
- Date of Visit: [Date of Encounter]
- Relevant Medical History: [Brief medical history or conditions]

I kindly request that the EKG be performed at your earliest convenience. Please send the results to my office at the address mentioned above or via fax at [Fax Number].

Thank you for your cooperation and assistance in providing the necessary care for my patient. If you have any questions or need further information, please feel free to contact me directly.

Sincerely,

[Your Name]  
[Your Title/Position]