

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title/Position]
[Hospital/Clinic Name]
[Address]
[City, State, Zip Code]
Dear [Recipient's Name],
I am writing to request an Electrocardiogram (EKG) test for my patient,
[Patient's Name], who is [Patient's Age] years old. The patient's medical
record number is [Medical Record Number].
The reason for this request is to evaluate [specific symptoms or
conditions, e.g., chest pain, arrhythmia, etc.]. It is crucial to assess
the heart's electrical activity to determine the appropriate course of
action for [Patient's Name].
Please schedule the EKG at your earliest convenience, and let me know if
any additional information or documentation is required.
Thank you for your attention to this matter. I look forward to your
prompt response.
Sincerely,
[Your Name]
[Your Title/Position]
[Your Institution/Organization]