

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

Dear [Recipient Name],

Subject: EKG Testing Request

I hope this message finds you well. I am writing to request an EKG test for my patient, [Patient's Name], [Patient's Date of Birth], [Patient's Medical Record Number, if applicable]. The patient is experiencing [briefly describe symptoms or reason for testing], which necessitates further evaluation through an electrocardiogram.

Please find attached the patient's relevant medical history and any additional documentation required for the scheduling and processing of the test.

We appreciate your prompt attention to this matter, and I look forward to your response regarding the scheduling of the EKG test.

Thank you for your assistance.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Institution/Organization]