

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Medical Facility Name]
[Facility Address]
[City, State, ZIP Code]

Dear [Recipient's Name],

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

Please let me know the available dates and times for the EKG or if any
additional information is needed to process this request.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title/Position, if applicable]
[Your Organization, if applicable]