

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

[Recipient Name]  
[Recipient Title/Position]  
[Recipient Institution/Practice Name]  
[Recipient Address]  
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Request for EKG for Patient [Patient's Full Name], [Patient's Date of Birth]

I am writing to request an electrocardiogram (EKG) for my patient, [Patient's Full Name], who is currently under my care. The patient presents with [brief reason for EKG request, e.g., symptoms, medical history, etc.].

Patient Details:

- Name: [Patient's Full Name]
- Date of Birth: [Patient's Date of Birth]
- Medical Record Number: [Optional]
- Relevant Medical History: [Brief details]

I kindly ask that the EKG be performed at your earliest convenience, as it is essential for evaluating the patient's condition and guiding further management. Please send the results directly to my office at the address listed above or via fax at [Fax Number].

Thank you for your attention to this matter. Should you have any questions or require further information, please do not hesitate to contact me.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Title/Position]  
[Your Institution/Practice Name]