

[Your Name]
[Your Title/Position]
[Your Practice or Hospital Name]
[Your Address]
[City, State, ZIP Code]
[Your Phone Number]
[Email Address]
[Date]
[Recipient Name]
[Recipient Title/Position]
[Recipient Practice or Hospital Name]
[Recipient Address]
[City, State, ZIP Code]

Dear [Recipient Name],

I am writing to refer my patient, [Patient's Name], [Patient's Age] years old, for an electrocardiogram (EKG) evaluation. [Patient's Name] has been experiencing [brief description of symptoms or reasons for referral, e.g., chest pain, palpitations], which warrants further investigation. The patient's medical history includes [briefly outline relevant medical history, if applicable]. After our initial evaluation, I believe that an EKG will provide critical insights into their cardiac health.

Please find attached the necessary documents, including [any relevant test results or medical records], for your review. I appreciate your attention to this matter and would be grateful for your feedback following the evaluation.

Thank you for your prompt consideration.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Practice or Hospital Name]