

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

[Recipient's Name]
[Recipient's Title/Position]
[Recipient's Organization]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: EKG Exam Request for [Patient's Name]

I am writing to formally request an electrocardiogram (EKG) for my patient, [Patient's Name], who is [patient's age] years old and has been experiencing [brief description of symptoms or medical history leading to the request].

Details of the request are as follows:

- **Patient Name:** [Patient's Name]
- **Date of Birth:** [Patient's DOB]
- **Medical Record Number:** [Patient's MRN]
- **Indications for EKG:** [List indications such as chest pain, irregular heartbeat, etc.]
- **Relevant Medical History:** [Briefly include any relevant history]

Please let me know the earliest possible date for scheduling this exam.

Feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information or clarification.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Position]
[Your Organization]