

\*\*[Hospital/Clinic Name]\*\*  
\*\*[Address]\*\*  
\*\*[City, State, Zip Code]\*\*  
\*\*[Phone Number]\*\*  
\*\*[Date]\*\*  
\*\*Patient Name:\*\* [Patient's Full Name]  
\*\*Patient ID:\*\* [Patient ID Number]  
\*\*Date of Birth:\*\* [Patient's Date of Birth]  
\*\*Admission Date:\*\* [Date of Admission]  
\*\*Discharge Date:\*\* [Date of Discharge]  
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\*\*Subject: EKG Discharge Summary\*\*  
\*\*Dear [Patient's Name],\*\*  
\*\*Diagnosis:\*\*  
[Primary diagnosis based on EKG findings]  
\*\*Procedure:\*\*  
An electrocardiogram (EKG) was performed on [Date of EKG] to assess cardiac function and rhythm.  
\*\*Findings:\*\*  
- [Brief summary of EKG findings]  
- [Any notable abnormalities]  
- [Heart rate, rhythm, and any additional relevant data]  
\*\*Clinical Impression:\*\*  
- [Summary of clinical significance of EKG results]  
\*\*Plan and Recommendations:\*\*  
1. [Follow-up appointments]  
2. [Medications prescribed, if any]  
3. [Lifestyle modifications or other recommendations]  
\*\*Patient Instructions:\*\*  
- [Instructions for the patient regarding activity, medication, etc.]  
- [Signs and symptoms to watch for]  
If you have any questions or need further clarification, please do not hesitate to reach out to our office. We wish you a smooth recovery.  
\*\*Sincerely,\*\*  
[Doctor's Name]  
[Doctor's Title]  
[Department]  
\*\*[Hospital/Clinic Name]\*\*  
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\*\*Disclaimer:\*\* This letter is confidential and intended for the named recipient only. If you have received this in error, please notify us immediately.