

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

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Full Name], DOB: [Patient's Date of Birth], for an electrocardiogram (EKG) due to [briefly state reason for referral, e.g., symptoms, history].

[Patient's Full Name] has a medical history of [list relevant medical history] and has been experiencing [describe relevant symptoms, duration, and any pertinent details]. After an initial assessment, I believe that further evaluation through an EKG is necessary to [state purpose of EKG, e.g., rule out arrhythmia, assess heart function].

Please find attached the patient's medical records, including [mention any relevant tests/results]. I kindly request that you perform the EKG at your earliest convenience and send the results back to me for further management.

Thank you for your attention to this matter. If you need any additional information or clarification, please do not hesitate to contact me.

Sincerely,

[Your Name]  
[Your Title]  
[Your Practice/Organization Name]