

[Your Name]
[Your Title]
[Your Practice/Organization Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]
[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 Name], for advanced EKG testing due to [specific symptoms or medical history relevant to the referral].

[Patient's Name] is a [age]-year-old [gender] who presents with [brief description of symptoms, medical history, and any relevant findings]. After conducting an initial evaluation, I believe that advanced EKG testing is necessary to further assess [specific concerns or conditions]. Please find attached [any relevant medical records, test results, or notes]. I appreciate your assistance in providing the necessary evaluation and look forward to your findings and recommendations. Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Name]
[Your Title]