Date: [Date]

To: [Consultant Name/Cardiology Department]
Facility: [Hospital/Clinic Name]
Address: [Address Line 1], [City, State, Zip]

RE: Routine Cardiology Consultation Request

Patient Name: [Patient Name]
Date of Birth: [DOB]
Gender: [Gender]
Contact Number: [Phone Number]

Dear Dr. [Consultant Last Name],

I am referring this patient for a routine cardiovascular evaluation. The patient is currently stable and does not require urgent intervention.

Reason for Referral:
[e.g., Management of hypertension, evaluation of heart murmur, or preoperative clearance]

Clinical History:
[Briefly describe symptoms, duration, and relevant medical history]

Current Medications:
[List medications and dosages]

Relevant Test Results:
[List recent ECG, blood work, or imaging findings attached]

Please evaluate the patient and provide your recommendations for ongoing management. We would appreciate a copy of your consultation report following the visit.

Sincerely,

[Your Signature]
Name: [Your Name]
Title: [e.g., Primary Care Physician]
Clinic Name: [Your Clinic]
Phone: [Your Phone Number]