Date: [Insert Date]

To: Cardiology Department / [Consultant Name]
Facility: [Hospital or Clinic Name]
Fax/Email: [Insert Contact Details]

RE: URGENT CARDIOLOGY ASSESSMENT REQUEST

Patient Name: [Patient Full Name]
Date of Birth: [DD/MM/YYYY]
ID/Medical Record Number: [Insert Number]
Contact Number: [Patient Phone Number]

Dear Admissions Officer / Cardiology Registrar,

I am writing to request an urgent cardiology assessment for the above-named patient due to the following clinical presentation:

Reason for Urgency:
[Briefly describe acute symptoms, e.g., unstable angina, worsening dyspnea, syncope, or recent abnormal ECG findings]

Clinical Findings:
[List vital signs, relevant physical exam findings, or diagnostic results such as Troponin levels or ECG changes]

Current Medications:
[List relevant cardiac or anticoagulant medications]

Past Medical History:
[List relevant history, e.g., MI, CABG, Hypertension, Diabetes]

The patient is currently [stable/unstable] and is [at home / in my clinic / awaiting transport].

I would appreciate your immediate review or advice regarding the management of this patient. Please contact me directly at [Your Phone Number] if further information is required.

Yours sincerely,

[Your Name]
[Your Title/Position]
[Facility Name]
[Provider Number]