Date: [Date]

To: [Cardiologist Name]
Department: [Cardiology Department Name]
Address: [Clinic/Hospital Address]

RE: Referral for Abnormal Electrocardiogram (ECG/EKG)

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Patient Phone: [Phone Number]

Dear Dr. [Cardiologist Last Name],

I am referring this patient to your clinic for a formal cardiac evaluation following an abnormal finding on a routine electrocardiogram performed on [Date of Test].

Reason for Referral:
The ECG demonstrated the following abnormalities: [e.g., ST-segment changes, T-wave inversion, Left Bundle Branch Block, Arrhythmia, etc.].

Clinical Presentation:
At this time, the patient is [Asymptomatic / Presenting with symptoms of chest pain, shortness of breath, palpitations, or syncope].

Pertinent Medical History:
[List relevant history: e.g., Hypertension, Diabetes, Family history of CAD, etc.]

Current Medications:
[List relevant medications]

I have attached a copy of the ECG tracing and recent laboratory results for your review. Please evaluate the patient and provide your recommendations for further diagnostic testing or management.

Thank you for your assistance in the care of this patient.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Credentials]
[Your Clinic Name]
[Your Contact Information]