[Date]

[Recipient Name, MD/Office Manager]
[Clinic/Hospital Name]
[Department of Pediatric Cardiology]
[Address]
[City, State, Zip Code]

RE: Referral for Pediatric Cardiology Evaluation

Patient Name: [Patient Full Name]
Date of Birth: [MM/DD/YYYY]
Parent/Guardian Name: [Name]

Dear Dr. [Recipient Last Name],

I am writing to formally request a pediatric cardiology evaluation for the above-named patient. Based on my recent clinical assessment, I am referring this patient for further diagnostic workup and management.

Reason for Referral:
[Insert reason, e.g., heart murmur, chest pain, syncope, palpitations, abnormal EKG, or family history of congenital heart disease].

Clinical Findings & History:
[Briefly describe symptoms, duration, and relevant physical exam findings].

Current Medications:
[List medications or state "None"].

Attached to this letter, please find the patient's recent growth charts, relevant laboratory results, and [EKG/Imaging] reports.

Please contact our office at [Your Phone Number] to coordinate the appointment or if you require additional medical records. We look forward to receiving your consultation report following the evaluation.

Sincerely,

[Your Signature]
[Your Printed Name, Credentials]
[Practice Name]
[Phone Number]
[Fax Number]