[Your Full Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Doctor's Name or Clinic Name]
[Cardiology Department Address]
[City, State, Zip Code]

**Subject: Request for Post-Discharge Follow-Up Appointment - [Your Name]**

Dear [Doctor's Name/Scheduling Team],

I am writing to request a follow-up appointment following my recent hospital discharge on [Date of Discharge]. I was treated at [Name of Hospital] for [Reason for Admission/Diagnosis].

My discharge instructions specify that I should be seen by a cardiologist within [Number of Days/Weeks] of leaving the hospital. I have attached my discharge summary and current medication list for your review.

Please let me know your earliest availability for a consultation. I can be reached at [Your Phone Number] to confirm a date and time.

Thank you for your assistance.

Sincerely,

[Your Signature]
[Your Printed Name]
Date of Birth: [Your Date of Birth]