

[Clinic or Hospital Name]

[Address]

[Phone Number]

[Date]

Patient Name: [Patient Name]

Date of Birth: [DOB]

Date of Evaluation: [Date of Test]

Dear [Patient Name],

This letter is to inform you of the results of your recent cardiac evaluation, which included: [List Tests, e.g., EKG, Stress Test, Echocardiogram].

Results Summary:

[Insert brief summary of findings: e.g., Normal / Abnormal / Findings requiring follow-up]

Physician's Comments:

[Insert detailed notes or interpretation of the results here]

Recommended Next Steps:

No further action required at this time.

Routine follow-up in [Time Frame].

Additional testing required: [Test Name].

Schedule an appointment to discuss these results further.

If you have any questions regarding these results, please contact our office at [Phone Number].

Sincerely,

[Physician Name]

[Title/Department]