[Clinic or Hospital Name]
[Department Name]
[Address]
[Phone Number]

[Date]

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Date of Test: [Test Date]

Dear [Patient Last Name],

We are writing to provide you with the results of your recent Electrocardiogram (ECG/EKG) performed on [Test Date].

Your test results have been reviewed by [Doctor Name]. The findings are **Normal**. The tracing shows a regular heart rhythm and no significant abnormalities were detected at the time of the test.

No further action or follow-up appointments regarding this specific test are required at this time unless otherwise directed by your primary care physician.

Please note that an ECG is a snapshot of your heart's activity at a specific moment. If you experience new or worsening symptoms such as chest pain, shortness of breath, palpitations, or fainting, please contact your healthcare provider immediately or seek emergency medical care.

A copy of these results has been placed in your permanent medical record.

Sincerely,

[Doctor Name/Medical Staff Name]
[Title]