URGENT MEDICAL REFERRAL

Date: [Date]
To: [Recipient Name/Specialist]
Department: [Cardiology/Emergency Department]
Facility: [Hospital/Clinic Name]

Patient Details:
Name: [Patient Full Name]
Date of Birth: [DOB]
Patient ID: [ID Number]

Dear Doctor,

I am referring this patient to you urgently following an Electrocardiogram (ECG) performed today, [Date], at [Time].

Reason for Referral:
The patient presented with [symptoms, e.g., chest pain, palpitations, shortness of breath]. The ECG indicates acute findings suggestive of [primary finding, e.g., ST-elevation, high-grade AV block, acute arrhythmia].

Clinical Findings:
- Heart Rate: [BPM]
- Blood Pressure: [Reading]
- Key ECG Abnormalities: [Details]
- Relevant Medical History: [History/Medications]

Initial Actions Taken:
[List any medications or stabilization measures provided, e.g., Aspirin, Oxygen].

The patient is being transferred via [ambulance/private transport] for immediate evaluation and management. A copy of the ECG trace is attached to this letter.

Please contact me at [Phone Number] if you require further information.

Sincerely,

[Your Name]
[Your Title/Qualification]
[Clinic Name]