[Clinic or Hospital Name]
[Department Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

RE: Electrocardiogram (ECG) Results

Dear [Patient Name],

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

Your results have been reviewed by [Physician Name] and are classified as **borderline**. A borderline result means that while the tracing is not perfectly normal, the findings are minor and do not necessarily indicate a heart problem or medical emergency.

Summary of Findings:
[Insert specific borderline findings, e.g., slight rhythm variation, mild conduction delay, etc.]

Recommended Next Steps:

- [ ] No further action is required at this time.
- [ ] We recommend a follow-up appointment on [Date/Time] to discuss these results.
- [ ] Please schedule a repeat ECG in [Number] months.
- [ ] A referral has been made to a cardiologist for a more detailed evaluation.

It is important to monitor how you feel. If you experience new or worsening symptoms such as chest pain, shortness of breath, palpitations, or fainting, please seek medical attention immediately.

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

Sincerely,

[Physician Signature]
[Physician Name, Title]
[Clinic Name]