[Clinic/Hospital Name]
[Department of Pediatric Cardiology]
[Address]
[Phone Number]
[Date]

To the parents/guardians of [Patient Name],

RE: Pediatric Electrocardiogram (ECG) Assessment Results

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

Dear [Parent/Guardian Name],

We are writing to provide you with the results of the Electrocardiogram (ECG) performed on [Patient Name]. This test was conducted to evaluate the electrical activity of your child's heart.

Assessment Result:
[ ] Normal / Within normal limits for age.
[ ] Borderline / Requires monitoring.
[ ] Abnormal / Requires follow-up.

Physician's Comments:
[Insert detailed findings or interpretation here]

Recommended Next Steps:
[ ] No further action required at this time.
[ ] Repeat ECG in [Timeframe].
[ ] Referral to Pediatric Cardiologist for consultation.
[ ] Additional testing required (e.g., Echocardiogram, Holter Monitor).

If you have any questions regarding these results or would like to schedule a follow-up appointment, please contact our office at [Phone Number].

Sincerely,

[Physician Name, MD/DO]
[Title]
[Clinic Name]