[Doctor Name/Practice Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: Electrocardiogram (ECG/EKG) Results

Dear [Patient Name],

This letter is to inform you of the results of the Electrocardiogram (ECG) performed on [Date of Test].

Result Summary:

[ ] Normal: Your ECG shows a normal heart rhythm and rate.
[ ] Abnormal: Your ECG shows the following findings: [Insert Findings].

Clinical Interpretation:
[Insert detailed explanation of what the results mean for the patient's health].

Next Steps:
[ ] No further action is required at this time.
[ ] A follow-up appointment is needed on [Date/Time].
[ ] Further testing is recommended: [Insert Test Names].
[ ] Please adjust your medications as follows: [Insert Instructions].

If you experience any new symptoms such as chest pain, shortness of breath, dizziness, or palpitations, please contact our office immediately or seek emergency care.

If you have any questions regarding these results, please call us at [Phone Number].

Sincerely,

[Doctor Signature]

[Doctor Name, Title]