[Date]

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

Re: Post-Medication Electrocardiogram (ECG) Results

Dear [Patient Name],

We are writing to provide you with the results of your recent Electrocardiogram (ECG) performed on [Date of Test]. This test was conducted to monitor your heart's electrical activity following the initiation of [Medication Name].

Result Summary:

[Insert Result: e.g., Normal / Within Expected Limits / Requires Follow-up]

Clinical Notes:
[Insert specific details regarding rhythm, intervals, or changes compared to baseline].

Instructions:

- [Continue medication as prescribed]
- [Schedule a follow-up appointment]
- [Adjust dosage as instructed]

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

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

Sincerely,

[Doctor Name/Provider Name]
[Clinic/Hospital Name]