

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

[Date]

To the parents/guardians of [Patient Name],

We are writing to provide you with the results of the pediatric echocardiogram (ultrasound of the heart) performed on [Date of Procedure].

Clinical Indication: [Reason for test, e.g., heart murmur, chest pain]

Summary of Findings:

[Insert summary of results here, e.g., The heart structure and function appear normal. / A small defect was noted in the atrial septum.]

Impression:

[Insert primary diagnosis or "Normal Study"]

Recommendations and Follow-up:

[Insert next steps, e.g., No further follow-up is required. / Please schedule a follow-up appointment in 6 months.]

If you have any questions regarding these results, please contact our office at [Phone Number] or message us through the patient portal.

Sincerely,

[Physician Name]
[Title]
[Medical License Number]