

Date: [Insert Date]

RE: [Patient Full Name]

Date of Birth: [Patient DOB]

Echocardiogram Date: [Date of Test]

To: [Consultant/Specialist Name]

Department: [Department, e.g., Cardiology]

Facility: [Hospital/Clinic Name]

Dear Dr. [Specialist Last Name],

I am referring this patient to your care for further evaluation following the findings of a recent transthoracic echocardiogram.

Indication for Study:

[Insert symptoms or clinical reason for test, e.g., Dyspnea, heart murmur, hypertension]

Summary of Key Findings:

- **Left Ventricular Ejection Fraction (LVEF):** [Percentage]%
- **Valvular Assessment:** [Insert findings, e.g., Mild aortic stenosis]
- **Chamber Size:** [Insert findings, e.g., Normal/Dilated]
- **Wall Motion:** [Insert findings, e.g., Global hypokinesis]

Clinical Impression:

[Insert brief summary of diagnosis or concern]

The formal imaging report and relevant pathology results are attached for your review. I would appreciate your expert opinion on the ongoing management and treatment plan for this patient.

Please contact my office at [Phone Number] if you require any additional information.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/Credentials]

[Facility Name]