

Date: [Date]

To: [Doctor's Name]
[Clinic/Hospital Name]
[Address]

Re: Echocardiogram Follow-Up

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

Dear Dr. [Doctor's Last Name],

I am writing to request a follow-up consultation regarding the results of my recent echocardiogram performed on [Procedure Date].

I would like to discuss the findings of the report, any necessary lifestyle adjustments, or further diagnostic steps required based on the results. If the results are available, please let me know if they can be shared via the patient portal or if an in-person appointment is necessary.

Please contact me at [Phone Number] or [Email Address] to schedule a time to review these results.

Thank you for your time and care.

Sincerely,

[Your Signature]
[Your Printed Name]