Date: [Insert Date]

Patient Name: [Insert Patient Name]
Date of Birth: [Insert Date of Birth]
Patient ID: [Insert ID Number]

To: [Consultant Name/Cardiology Department]
Facility: [Insert Hospital/Clinic Name]

RE: Referral for Abnormal Electrocardiogram (ECG) Results

Dear Doctor,

I am writing to refer this patient for a formal cardiac evaluation following an abnormal finding on a routine Electrocardiogram performed on [Date].

Clinical Findings:
The ECG indicates [Insert specific abnormality, e.g., ST-segment changes, T-wave inversion, Left Bundle Branch Block, or Arrhythmia].

Relevant Medical History:
[Insert brief history, e.g., Hypertension, Chest Pain, Shortness of breath, or Family history of heart disease].

Current Medications:
[List medications or state "None"].

Requested Action:
I would appreciate your specialist assessment, further diagnostic testing (such as an Echocardiogram or Stress Test), and management recommendations for this patient.

Enclosed is a copy of the ECG tracing for your review.

Sincerely,

[Your Name/Signature]
[Your Title/Designation]
[Facility Name]
[Contact Information]