[Doctor Name/Clinic Name]
[Department of Cardiology]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Dear [Patient Name],

We have been notified of your recent Emergency Room visit on [Date of ER Visit] at [Hospital Name] regarding [Reason for Visit/Symptoms].

To ensure your continued heart health and to review any tests or treatments initiated during your ER visit, we would like to schedule a follow-up appointment with your cardiologist.

Appointment Details:

- **Physician:** [Provider Name]
- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Clinic Address/Suite Number]

Please bring the following items to your appointment:

- Copies of any discharge papers or test results from the ER.
- A current list of all medications and dosages you are taking.
- A list of any new symptoms or concerns you have experienced since your visit.

If you need to reschedule this appointment, or if you have already scheduled a follow-up, please contact our office at [Phone Number].

If you experience worsening chest pain, severe shortness of breath, or fainting before your appointment, please call 911 or return to the nearest emergency room immediately.

Sincerely,

[Doctor Signature/Name]
[Clinic Name]