Date: [Date]

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

Dear [Patient Name],

We are writing to provide you with the results of your recent Cardiac Holter Monitor study performed on [Date of Test].

Your results are **Normal**.

The monitor recorded your heart's electrical activity over a 24-hour period. The findings show that your heart maintained a normal rhythm throughout the recording. There were no significant arrhythmias, dangerous pauses, or abnormal changes detected that would explain your recent symptoms.

Based on these results, no further cardiac testing or changes to your current treatment plan are required at this time. However, if your symptoms persist, worsen, or if you experience new symptoms such as fainting or chest pain, please contact our office to schedule a follow-up appointment.

A full copy of your report has been placed in your medical record. Thank you for choosing us for your cardiac care.

Sincerely,

[Physician Name]
[Practice Name]
[Phone Number]