URGENT: MEDICAL FOLLOW-UP REQUIRED

Date: [Insert Date]

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

Dear [Patient Name],

This letter is to inform you that we have received the results of your recent Holter Monitor study conducted on [Insert Date of Test].

The results show certain abnormalities that require immediate clinical attention and discussion. It is important that you contact our office as soon as possible to schedule an urgent follow-up appointment with Dr. [Physician Name].

Please call us at [Insert Phone Number] immediately. If you are calling outside of regular business hours, please follow the automated prompts to reach the on-call cardiologist or proceed to the nearest emergency room if you are experiencing any of the following symptoms:

- Chest pain or pressure
- Severe shortness of breath
- Fainting or near-fainting spells
- Rapid or irregular heartbeat (palpitations)

Our team is prepared to discuss these results with you and determine the next steps for your treatment plan. We have already marked your file for priority scheduling.

Sincerely,

[Physician Signature]
[Physician Name, Title]
[Clinic/Hospital Name]
[Contact Information]