[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Doctor's Name]
[Clinic or Hospital Name]
[Department Name]
[Address]

Subject: Request for Cardiac Holter Monitor Retest - [Your Full Name]

Dear Dr. [Doctor's Last Name],

I am writing regarding the results of my recent Holter monitor test conducted on [Date of Original Test].

I have reviewed the findings, which indicate that the results were inconclusive due to [Reason, e.g., equipment malfunction, lead detachment, or lack of symptoms during the recording period]. Because I am still experiencing symptoms such as [List symptoms, e.g., palpitations, dizziness, or chest discomfort], I am concerned that the underlying issue has not yet been captured or identified.

I would like to request a retest to ensure an accurate diagnosis. Please let me know if you would prefer to schedule another 24-hour monitor, or if an extended monitoring period (such as a 48-hour or 7-day monitor) would be more appropriate given the intermittent nature of my symptoms.

Please advise on the next steps to schedule this procedure or if I need to come in for a consultation first.

Thank you for your time and for your continued care.

Sincerely,

[Your Signature]

[Your Printed Name]