[Doctor Name]
[Clinic/Hospital Name]
[Address]
[Phone Number]
[Date]

[Patient Name]
[Patient Address]
[Patient DOB]

Subject: Results of Cardiac Holter Monitor and Medication Adjustment

Dear [Patient Name],

We have received and reviewed the results of your recent [Duration]-hour Holter monitor test conducted on [Date].

Test Results:
The monitor recorded [Summary of Findings, e.g., episodes of tachycardia, premature beats, or normal sinus rhythm]. These findings explain the symptoms you reported, such as [Symptom Name].

Medication Changes:
Based on these results, we are adjusting your current treatment plan to better manage your heart rhythm. Please follow the instructions below:

- **Current Medication:** [Old Medication Name/Dose] - DISCONTINUE.
- **New Medication:** [New Medication Name]
- **Dosage:** [New Dose, e.g., 5mg]
- **Frequency:** [Frequency, e.g., Once daily in the morning]
- **Start Date:** [Date]

Next Steps:
Please monitor for any side effects or persistent symptoms. We would like to see you for a follow-up appointment on [Date/Time] to evaluate your response to this adjustment.

If you experience severe chest pain, shortness of breath, or fainting, please seek emergency medical care immediately.

Sincerely,

[Doctor Signature]
[Doctor Printed Name]