Date: [Date]

To: [EP Specialist Name]
Clinic Name: [Clinic/Hospital Name]
Address: [Street Address, City, State, Zip]

RE: Referral for Electrophysiology Evaluation
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Patient ID: [ID Number]

Dear Dr. [EP Specialist Last Name],

I am referring this patient to your care for a formal electrophysiology consultation following concerning findings on a recent Cardiac Holter Monitor study.

Reason for Referral:
[Insert Primary Indication, e.g., Symptomatic Bradycardia, Paroxysmal Atrial Fibrillation, Frequent PVCs, or Unexplained Syncope].

Holter Monitor Summary (Report Dated: [Date]):

- **Duration:** [24/48/72] hours.
- **Baseline Rhythm:** [e.g., Sinus Rhythm].
- **Significant Findings:** [e.g., Max heart rate of XXX, Min heart rate of XX, Burden of ectopy, pauses lasting X seconds].
- **Symptom Correlation:** [e.g., Patient reported palpitations correlating with runs of SVT].

Medical Background:

- **Relevant History:** [e.g., Hypertension, Previous MI, Heart Failure].
- **Current Medications:** [e.g., Beta-blockers, Anticoagulants].

The full Holter monitor report and recent ECGs are attached for your review. I would appreciate your expert opinion regarding further diagnostic testing (e.g., EP study) or therapeutic interventions (e.g., ablation, device implantation, or medication management).

Thank you for your assistance in the care of this patient.

Sincerely,

[Referring Physician Name]
[NPI Number]
[Contact Phone Number]
[Clinic Name]