Date: [Date]

To: [PCP Name]
Clinic Name: [Clinic Name]
Fax/Address: [Fax Number or Address]

RE: Cardiac Holter Monitor Results
Patient Name: [Patient Name]
Date of Birth: [DOB]
Date of Study: [Date of Procedure]

Dear Dr. [PCP Last Name],

The purpose of this letter is to provide an update regarding the 24/48-hour Holter monitor performed on the above-mentioned patient. The study was ordered to evaluate [Symptoms, e.g., palpitations, dizziness, syncope].

Summary of Findings:

- **Baseline Rhythm:** [Normal sinus rhythm / Sinus bradycardia / etc.]
- **Average Heart Rate:** [Average BPM] (Range: [Min] to [Max] BPM)
- **Ectopic Activity:** [Description of PVCs, PACs, or "None noted"]
- **Arrhythmic Events:** [Description of SVT, AFib, Pauses, or "No significant arrhythmias identified"]
- **Symptom Correlation:** [The patient reported symptoms correlated with... / No symptoms were recorded during the study.]

Impression:
[Brief conclusion of the results]

Recommendations/Plan:
[E.g., No further cardiac intervention required / Referral to Electrophysiology / Change in medication / Continued monitoring]

A full copy of the formal report is attached for your records. If you have any questions regarding these results, please contact our office at [Your Phone Number].

Sincerely,

[Your Name/Signature]
[Your Title/Credentials]
[Your Facility Name]