[Hospital or Clinic Name]
[Department Name]
[Address]
[Phone Number]

Date: [Current Date]

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

Dear [Patient Name],

We are writing to inform you that your recent Cardiac Holter Monitor test performed on [Date of Original Test] needs to be repeated.

Upon reviewing the recorded data, our clinical team identified significant "artifact" or electrical interference in the recording. This means the signals were not clear enough for the cardiologist to provide an accurate diagnosis or interpretation of your heart rhythm. This can happen due to various factors, such as a loose electrode lead, skin irritation, or external electronic interference during the recording period.

To ensure we have the most accurate information regarding your health, we request that you schedule a repeat test at your earliest convenience.

Next Steps:

- Please contact our office at [Phone Number] to schedule an appointment for equipment re-attachment.
- There is no additional cost for this repeat procedure.
- The test duration will be for [Number] hours/days.

On the day of your appointment, please ensure your skin is free of lotions or oils in the chest area to help the electrodes adhere properly.

We apologize for any inconvenience this may cause and thank you for your cooperation in this matter.

Sincerely,

[Staff Name/Signature]
[Title/Department]