[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

RE: Athletic Clearance - Cardiac Holter Monitor Results

Dear [Parent/Guardian Name or Patient Name],

We have received and reviewed the results of the Holter monitor test performed on [Date] for the purpose of athletic participation clearance.

Test Results:

[Insert Summary of Findings - e.g., The results were within normal limits / The results showed minor irregularities.]

Clearance Status:

[Select One]

- **CLEARED:** The patient is cleared to participate in competitive sports without restrictions.
- **PENDING:** Further evaluation is required. Please schedule a follow-up appointment for [Reason/Additional Testing].
- **NOT CLEARED:** Based on these results, the patient is not cleared for sports participation at this time.

Next Steps:

[Insert Instructions - e.g., No further action is needed / Please call our office to discuss these results in detail.]

A copy of this letter and the official report has been placed in the medical record. If you require a signed physical form for the school, please [Instructions for obtaining form].

If you have any questions, please contact our office at [Phone Number].

Sincerely,

[Provider Signature]
[Provider Name, Title]
[Practice/Clinic Name]