[Date]

To the parents/guardians of [Child's Name],
Date of Birth: [DOB]

Dear [Parent/Guardian Name],

We are writing to provide you with the results of the Holter monitor test performed on your child from [Start Date] to [End Date].

Test Results: [Normal / Abnormal / Inconclusive]

Summary of Findings:
[Insert brief medical summary here, e.g., heart rate range, presence of any extra beats, or correlation with symptoms recorded in the diary.]

Clinical Interpretation:
[Insert doctor's interpretation and what these results mean for the child's health.]

Next Steps:
[ ] No further action is required at this time.
[ ] A follow-up appointment is needed. Please call our office to schedule.
[ ] Further testing is required: [Name of Test].
[ ] A change in medication or treatment plan is recommended: [Details].

If you have any questions regarding these results or would like to discuss the findings in more detail, please contact our cardiology department at [Phone Number].

Sincerely,

[Doctor's Name/Signature]
[Clinic/Hospital Name]
[Department of Pediatric Cardiology]