

**Date:** [Insert Date]

**Patient Name:** [Insert Patient Name]

**Date of Birth:** [Insert Patient DOB]

**Scheduled Procedure:** [Insert Procedure Name]

**Surgery Date:** [Insert Surgery Date]

Dear [Insert Patient Name],

This is a follow-up regarding your upcoming surgical procedure. Our records indicate that we have not yet received the results of your 12-lead Electrocardiogram (ECG/EKG), which is a mandatory requirement for your pre-operative clearance.

To ensure your surgery proceeds as scheduled and to maintain your safety under anesthesia, please complete the following steps:

- **Action Required:** Please undergo an ECG at your primary care physician's office or a local laboratory immediately.
- **Validity:** The ECG must have been performed within [Insert Timeframe, e.g., 30 or 90] days of your surgery date.
- **Submission:** Please have the results faxed to our surgical clearance department at [Insert Fax Number] or bring a physical copy to our office by [Insert Deadline Date].

Failure to provide these results by the deadline may result in the postponement or cancellation of your procedure. If you have already completed this test, please contact the facility where it was performed and request that they send the report to us urgently.

If you have any questions or believe you have received this letter in error, please contact our office at [Insert Phone Number].

Sincerely,

[Insert Name/Signature]

[Insert Title/Department]

[Insert Facility Name]