

# Urgent Cardiology Assessment Request

Date: [Insert Date]

To: [Cardiologist's Name]  
[Cardiologist's Office/Department]  
[Hospital/Clinic Name]  
[Address Line 1]  
[Address Line 2]

Dear [Cardiologist's Name],

I am writing to urgently refer my patient, [Patient's Name], a [Age]-year-old [Male/Female], who is experiencing acute symptoms that necessitate an immediate cardiology assessment.

Patient's Details:

- Medical Record Number: [MRN]
- Date of Birth: [DOB]
- Phone Number: [Phone Number]

Clinical Presentation:

[Brief description of the symptoms, duration, and any relevant history. Include specific symptoms such as chest pain, shortness of breath, palpitations, etc.]

Initial Assessment:

[Summarize any initial examinations, test results, or treatments that have been conducted.]

Given the acute nature of these symptoms, I recommend an expedited evaluation and management plan. Please feel free to contact me at [Your Phone Number] or [Your Email] for further details.

Thank you for your prompt attention to this matter.

Sincerely,  
[Your Name]  
[Your Title/Position]  
[Practice Name]  
[Address Line 1]  
[Address Line 2]  
[Phone Number]  
[Email Address]