# Electrocardiogram (ECG) Patient Guidelines

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

## Dear [Patient Name],

Thank you for visiting our clinic. As part of your evaluation, we will be conducting an Electrocardiogram (ECG) to assess your heart's rhythm and activity. Please review the following guidelines to prepare for your ECG test:

#### **Before the ECG:**

- Avoid caffeine (coffee, tea, soda) for at least 12 hours prior to the test.
- Please inform us if you are on any medications, especially those that affect heart rhythm.
- Wear loose-fitting clothing and avoid wearing jewelry on your chest or around your neck.

### Day of the ECG:

- Arrive at least 15 minutes early for your appointment.
- Notify the technician of any symptoms you may be experiencing, such as chest pain or shortness of breath.
- During the test, you may be asked to lie down and remain still while electrodes are placed on your chest.

#### After the ECG:

- You may resume normal activities immediately after the procedure.
- Your results will be discussed during your next appointment or may be sent to you via mail.

If you have any questions or concerns, please do not hesitate to contact our offi-
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Best regards,
[Your Name]
[Your Title]
[Clinic Name]

[Clinic Contact Information]