

# Cardiac Care Consultation Request

Date: [Insert Date]

To: [Cardiologist's Name]

[Cardiologist's Clinic/Practice Name]

[Address]

[City, State, Zip Code]

Dear [Cardiologist's Name],

I am writing to request a consultation for my patient, [Patient's Name], who has been experiencing [brief description of symptoms or issues]. We would appreciate your expert evaluation and recommendations regarding their cardiac health.

Patient Details:

- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Medical Record Number: [Patient's MRN]
- Contact Information: [Patient's Contact Info]

Relevant Medical History:

[Brief overview of patient's medical history, including any previous cardiac events, risk factors, and current medications.]

We are particularly concerned about [specific concerns] and would like your guidance on managing these issues.

Thank you for your attention to this matter. Please feel free to contact me at [Your Phone Number] or [Your Email] if you require any additional information.

Sincerely,

[Your Name]

[Your Title]

[Your Practice/Organization Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email]