

# Heart Disease Evaluation Request

Date: [Insert Date]

To: [Cardiologist's Name]

[Cardiologist's Office Name]

[Address]

[City, State, Zip Code]

Dear [Cardiologist's Name],

I am writing to request a heart disease evaluation for my patient, [Patient's Name], who is [age] years old. [He/She/They] has been experiencing [list symptoms, e.g. chest pain, shortness of breath], and I believe a thorough assessment is warranted.

[Patient's Name] has a medical history of [mention relevant medical history, family history of heart disease, risk factors, etc.]. I have attached [any relevant test results or medical records] for your review.

We would greatly appreciate your expertise in evaluating [Patient's Name] for potential heart disease. Please let us know your available appointment slots so we can coordinate accordingly.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Practice Name]

[Your Phone Number]

[Your Email Address]