## **Patient Referral for Cardiology Assessment**

From: Dr. John Smith

**Practice Name:** Healthy Heart Clinic

Address: 123 Wellness St, Health City, ST 12345

**Phone:** (123) 456-7890 **Date:** October 1, 2023

To: Dr. Jane Doe Cardiology Specialist Cardio Care Hospital

Address: 456 Cardio Ave, Health City, ST 12345

Dear Dr. Doe,

I am referring my patient, **Mr. Robert Johnson**, a 65-year-old male, for a cardiology assessment due to persistent chest pain and elevated blood pressure readings.

## **Patient Details:**

Name: Robert Johnson DOB: January 15, 1958

**Insurance:** Health Insurance Co. (Policy #123456)

The patient has a history of hypertension and hyperlipidemia, managed with medication. He reports increased fatigue and episodes of shortness of breath over the past month. A preliminary ECG showed nonspecific T-wave changes.

I recommend a thorough cardiology evaluation, including possible echocardiogram and stress testing, to assess any underlying cardiac conditions.

Please find attached the patient's recent lab results and ECG for your reference.

Thank you for your assistance in the management of Mr. Johnson's care.

Sincerely, Dr. John Smith Healthy Heart Clinic