

Date: _____

Dear *[primary care physician]*:

Your patient, _____ was seen in the Cardiac Function Clinic by a clinic nurse in consultation with Dr. _____ .

Assessment/findings:

Blood pressure: _____ Weight: _____

Heart rate: _____ Ejection fraction: _____ NYHA Class: _____

Blood work: _____

Medication changes:

Care plan:

It is our pleasure to participate in the care of your patient. Should you have any questions, don't hesitate to contact me.

Sincerely,

[Clinic nurse]