

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Healthcare Provider's Name]
[Medical Facility's Name]
[Facility Address]
[City, State, Zip Code]

Dear [Healthcare Provider's Name],
I am writing to request an appointment for an ultrasound. Please find my details below:

****Patient Information:****

Name: [Your Name]
Date of Birth: [Your Date of Birth]
Insurance Information: [Your Insurance Provider]
Contact Number: [Your Phone Number]

****Type of Ultrasound Required:****

[Specify the type of ultrasound required, e.g., abdominal ultrasound, prenatal ultrasound, etc.]

****Preferred Appointment Dates and Times:****

1. [Preferred Date and Time Option 1]
2. [Preferred Date and Time Option 2]
3. [Preferred Date and Time Option 3]

Please let me know if these times are available or suggest alternative options.

Thank you for your assistance. I look forward to your prompt response.
Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]