

[Your Clinic/Facility Letterhead]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

[Patient's Phone Number]

Dear [Patient's Name],

We are writing to inform you that your ultrasound appointment has been scheduled as follows:

****Appointment Date:**** [Date]

****Appointment Time:**** [Time]

****Location:**** [Clinic/Facility Name, Address]

Please arrive at least [15/30] minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, please contact us at [Clinic Phone Number].

Thank you, and we look forward to seeing you!

Sincerely,

[Your Name]

[Your Title]

[Clinic/Facility Name]

[Contact Information]