

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Clinic/Hospital Name]
[Clinic/Hospital Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request an appointment for an ultrasound examination at your facility.

Details of the appointment request are as follows:

- **Patient Name:** [Your Name]
- **Date of Birth:** [Your Date of Birth]
- **Type of Ultrasound Required:** [Specify type, e.g., abdominal, pelvic, etc.]
- **Preferred Date and Time:** [Your preferred date and time]
- **Physician's Name:** [Referring Physician's Name]
- **Insurance Information:** [Your insurance details]

Please let me know if the preferred date is available, or provide alternative options. I appreciate your assistance and look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,
[Your Name]