

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]
[Date]
[Recipient's Name]
[Medical Facility Name]
[Facility Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request an appointment for an ultrasound. Below are my details:

- Patient Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Reason for Ultrasound: [Brief Description of Reason]
- Preferred Appointment Date: [Your Preferred Date(s)]
- Preferred Time: [Your Preferred Time(s)]

Please let me know if the requested date and time are available or if alternative options are necessary. If any additional information is needed, do not hesitate to reach out.

Thank you for your attention to this matter.

Sincerely,

[Your Name]