

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

[Patient's Name]  
[Patient's Address]  
[City, State, Zip Code]

Dear [Patient's Name],

We are writing to confirm your upcoming ultrasound appointment.

**\*\*Appointment Details:\*\***

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Appointment Location]

Please arrive [10-15 minutes] early to complete any necessary paperwork.

If you have any questions or need to reschedule, feel free to call us at  
[Clinic Phone Number].

Thank you, and we look forward to seeing you soon!

Sincerely,

[Your Name]

[Your Title]

[Your Clinic Name]