

[Your Medical Practice Name]

[Your Practice Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

We would like to inform you that your ultrasound appointment has been scheduled as follows:

Appointment Date: [Date]

Appointment Time: [Time]

Location: [Appointment Location]

Duration: Approximately [Duration]

Please arrive at least [15/30] minutes early to complete any necessary paperwork. Remember to bring your insurance information and identification.

If you have any questions or need to reschedule, please contact us at [Phone Number] or [Email Address].

Thank you,

[Your Name]

[Your Title]

[Your Medical Practice Name]