

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

Dear [Ultrasound Technician's Name],

I am writing to confirm my appointment for an ultrasound on [Date] at [Time]. I appreciate your assistance and look forward to my visit at [Clinic/Hospital Name].

Please let me know if any further information is required prior to the appointment.

Thank you,

Sincerely,

[Your Name]