

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

Dear [Recipient's Name or Scheduler],  
I hope this message finds you well. I am writing to request an appointment for an ultrasound procedure. I would appreciate it if you could provide available dates and times for this service.

My information is as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Insurance Provider: [Your Insurance Provider]
- Physician's Name: [Your Physician's Name]
- Reason for Ultrasound: [Brief Reason for Ultrasound]

Please let me know the available appointment slots, and I will do my best to accommodate. You can reach me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,  
[Your Name]