

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

[Ultrasound Clinic/Office Name]  
[Office Address]  
[City, State, Zip Code]

Dear [Receptionist/Office Manager],

I hope this message finds you well. I am writing to request assistance in scheduling an appointment for an ultrasound.

**\*\*Patient Information:\*\***

- Name: [Patient's Full Name]
- Date of Birth: [Patient's DOB]
- Insurance Provider: [Insurance Company Name]

**\*\*Preferred Appointment Times:\*\***

- [Day, Date, Time]
- [Alternative Day, Date, Time]

If necessary, please feel free to contact me at [Your Phone Number] or [Your Email Address] for any further information required to proceed with the appointment scheduling.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,  
[Your Name]