

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

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

Dear [Recipient's Name or "Appointment Coordinator"],  
I hope this message finds you well. I am writing to request a change to my upcoming appointment for an ultrasound, originally scheduled for [original appointment date and time]. Due to [brief reason for the change, if comfortable sharing], I am unable to attend at that time. I would greatly appreciate it if we could reschedule my appointment for a later date. I am available on [provide two or three alternative dates and times], but I am willing to accommodate other times that may be available.

Thank you for your understanding and assistance in this matter. Please confirm the new appointment date at your earliest convenience.

Best regards,

[Your Name]  
[Your Patient ID or Date of Birth, if applicable]