

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

[Patient's Name]
[Patient's Address]
[City, State, ZIP Code]

Dear [Patient's Name],

We are pleased to confirm your appointment for an ultrasound examination.
Below are the details of your appointment:

****Appointment Date:**** [Date]

****Appointment Time:**** [Time]

****Location:**** [Clinic/Office Name]

****Address:**** [Address]

****Type of Ultrasound:**** [Type of Procedure]

Please arrive at least [15-30 minutes] prior to your appointment time to complete any necessary paperwork. If you have any questions or need to reschedule, feel free to contact us at [Phone Number] or [Email Address]. Thank you for choosing [Your Clinic Name]. We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic Name]