

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

Dear [Receptionist/Office Manager's Name],

I hope this message finds you well. I am writing to request a rescheduling of my ultrasound appointment originally set for [original date and time]. Due to [brief reason for rescheduling], I am unable to attend at that time.

I would greatly appreciate it if you could help me reschedule my appointment to a later date. I am available on [provide two or three alternative dates and times].

Thank you for your understanding and assistance. Please let me know if the new dates are suitable or if there are other options available.

Best regards,

[Your Name]

[Your Patient ID or Date of Birth, if necessary]