

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

[Recipient's Name]
[Recipient's Title]
[Medical Facility Name]
[Facility Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to confirm my ultrasound appointment scheduled for [Date] at [Time]. Please let me know if there are any specific instructions or preparations required prior to the appointment.

Thank you for your assistance. I look forward to the appointment.

Sincerely,
[Your Name]