

[Your Clinic/Facility Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are writing to inform you about your upcoming ultrasound procedure scheduled for [Date and Time] at [Location].

****Procedure Overview:****

An ultrasound is a safe and non-invasive imaging technique that uses sound waves to produce images of organs and structures inside your body.

****Preparation Instructions:****

- [Specific fasting instructions, if applicable]
- [Any medications to avoid, if applicable]
- [What to wear or bring]

****What to Expect:****

During the procedure, you will be asked to lie on an exam table. A gel will be applied to the area being examined, and a transducer will be moved over the skin to capture images. The procedure typically takes about [duration].

****Post-Procedure Information:****

You may resume normal activities immediately after the ultrasound. Your results will be discussed with you during your follow-up appointment on [Date] or may be sent to your referring physician.

If you have any questions or concerns, please do not hesitate to contact our office at [Phone Number]. We look forward to seeing you soon.

Best regards,

[Your Name]

[Your Position]

[Your Clinic/Facility Name]