

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Hospital/Clinic Name]
[Hospital/Clinic Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to request ultrasound services for [specific reason, e.g., a routine check-up, evaluation of symptoms, etc.].

Patient Information:

- Name: [Patient's Name]
- Date of Birth: [Patient's Date of Birth]
- Insurance Information: [Insurance Provider/Policy Number]

Details of the Request:

- Type of Ultrasound: [e.g., abdominal, pelvic, vascular, etc.]
- Preferred Date/Time for Appointment: [suggest a couple of options]

Please let me know if you need any additional information or documentation to process this request. I appreciate your attention to this matter and look forward to your prompt response.

Thank you very much.

Sincerely,

[Your Name]
[Your Title/Relationship to Patient, if applicable]