

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

[Recipient's Name]  
[Recipient's Position]  
[Medical Facility or Doctor's Office Name]  
[Facility Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for Ultrasound Imaging

I am writing to formally request an ultrasound examination for [Patient's Name], [Patient's Date of Birth], who is under my care. The purpose of this ultrasound is to evaluate [specify the reason, e.g., abdominal pain, pregnancy check, etc.].

Please find the relevant patient information and any necessary medical history attached.

I appreciate your assistance in scheduling this ultrasound at your earliest convenience. If you need any further information or clarification, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]  
[Your Position, if applicable]  
[Your Professional License Number, if applicable]