

[Your Clinic Name]
[Your Clinic Address]
[City, State, ZIP Code]
[Phone Number]
[Email Address]
[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] at [Time]. Please arrive at least 15 minutes early to complete any necessary paperwork.

****Procedure Details:****

- ****Type of Ultrasound:**** [e.g., abdominal, pelvic, etc.]
- ****Location:**** [Room/Area within the clinic]
- ****Duration:**** Approximately [Duration]

****Preparation Instructions:****

- [List any required preparations, e.g., fasting, drinking water, etc.]

If you have any questions or need to reschedule, please contact us at [Phone Number] or [Email Address].

Thank you for choosing [Your Clinic Name]. We look forward to assisting you.

Sincerely,

[Your Name]
[Your Title]
[Your Clinic Name]