

[Your Facility's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Title]

[Facility Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Ultrasound Scheduling Confirmation

We are pleased to confirm the scheduling of ultrasound services at [Facility Name]. Below are the details of the appointment:

****Patient Information:****

- Patient Name: [Patient's Full Name]
- Date of Birth: [Patient's DOB]
- Medical Record Number: [Patient's MRN]

****Appointment Details:****

- Date of Appointment: [Scheduled Date]
- Time of Appointment: [Scheduled Time]
- Type of Ultrasound: [Type of Ultrasound]
- Location: [Facility Address or Specific Department]

****Preparation Instructions:****

- [Provide any necessary preparation instructions or guidelines for the patient].

For any questions or further assistance, please feel free to contact us at [Facility Phone Number] or [Facility Email Address].

We look forward to providing quality care to your patients.

Sincerely,

[Your Name]

[Your Title]

[Your Facility Name]

[Your Facility Phone Number]

[Your Facility Email Address]