

[Your Name]
[Your Position]
[Your Institution/Practice Name]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Position]
[Ultrasound Department/Facility Name]
[Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Urgent Ultrasound Request for [Patient's Name]

I am writing to request an urgent ultrasound for my patient, [Patient's Name], who is [Patient's Age] years old and presents with [brief description of symptoms or condition]. After a thorough examination, I believe that an ultrasound is critical to evaluate [specific concerns or area of interest].

Patient details:

- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Medical Record Number: [Patient's MRN]
- Referring Physician: [Your Name & Contact Information]

Clinical indications for the ultrasound:

- [List relevant clinical findings and rationale for urgent imaging]

Please prioritize this request, as timely diagnosis and management are essential for [Patient's Name]'s condition. If possible, I would appreciate it if the ultrasound could be scheduled for [suggest a specific timeframe, e.g., "within the next 48 hours"].

Thank you for your attention to this urgent matter. Please do not hesitate to contact me if you need any further information.

Sincerely,

[Your Name]
[Your Position]
[Your Institution/Practice Name]