

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Appointment Date: [Insert Appointment Date]

Arrival Time: [Insert Time]

Location: [Insert Facility Name/Department]

Dear [Patient Name],

This is a reminder regarding your upcoming diagnostic ultrasound appointment. Please review the following instructions to ensure a successful examination.

Preparation Instructions

Depending on the type of ultrasound ordered, please follow the checked instruction below:

- **Abdominal Ultrasound:** Do not eat or drink anything (except water) for 8 hours prior to your exam.
- **Pelvic/Obstetric Ultrasound:** You must have a full bladder. Finish drinking 32 ounces of water one hour before your appointment time. Do not empty your bladder.
- **All Other Ultrasounds:** No special physical preparation is required.

Important Reminders

- Please bring your photo ID and insurance card.
- Wear loose, comfortable two-piece clothing.
- Arrive 15 minutes early to complete any necessary paperwork.

If you need to reschedule or have questions regarding these instructions, please contact us at [Insert Phone Number] at least 24 hours in advance.

Sincerely,

[Insert Provider/Facility Name]

[Insert Contact Information]