[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

Our records indicate that it is time for your routine follow-up thyroid ultrasound. As previously discussed, periodic imaging is necessary to monitor the size and appearance of your thyroid nodule(s).

Please contact our office at [Phone Number] or use the patient portal to schedule this appointment. If you have already completed this imaging at another facility, please let us know so we can update your medical records.

Regular monitoring is an important part of your ongoing care. If you have any questions, please do not hesitate to contact us.

Sincerely,

[Doctor's Name]
[Clinic Name]