Date: [Insert Date]

Patient Name: [Insert Patient Name]
Date of Birth: [Insert Date of Birth]
Patient ID: [Insert Patient ID]

Subject: Reminder: Annual Thyroid Nodule Ultrasound Follow-up

Dear [Insert Patient Name],

This letter is a reminder that you are due for your annual follow-up ultrasound of your thyroid nodule(s). Regular monitoring is essential to track any changes in size or appearance over time.

Action Required:

Please contact our office at [Insert Phone Number] to schedule your imaging appointment. If you have already scheduled this procedure, please disregard this notice.

Appointment Details (if applicable):

- **Location:** [Insert Facility Name/Address]
- **Referral/Order:** [Order Number or "Sent to Imaging Center"]

After your ultrasound is completed, the results will be reviewed by your physician, and our office will contact you to discuss the findings and next steps.

If you have any questions or feel this screening is no longer necessary, please call us to speak with a member of your care team.

Sincerely,

[Doctor/Provider Name]
[Clinic/Practice Name]
[Contact Information]