[Clinic Name]
[Clinic Address]
[Phone Number]
[Date]

[Patient Name]
[Patient Address]

RE: Follow-up Thyroid Ultrasound

Dear [Patient Name],

Our records indicate that you are due for a follow-up ultrasound of your thyroid nodule(s). Routine surveillance is an important part of your care to monitor for any changes in size or appearance over time.

Please contact our office at [Phone Number] or use your patient portal to schedule this imaging appointment. If you have already scheduled this test or have had it performed at another facility recently, please let us know so we can update your medical record.

Once the ultrasound is completed and reviewed by your physician, we will contact you with the results and any further recommendations.

If you have any questions, please contact our office.

Sincerely,

[Provider Name/Clinic Staff]
[Clinic Name]