[Date]

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

Dear [Patient Name],

This letter is a reminder regarding your routine follow-up care. Our records indicate that it is time for your biannual (every 6 months) ultrasound of your thyroid nodule(s).

Regular monitoring via ultrasound is essential to track any changes in the size or appearance of the nodule(s) and to ensure your continued health.

Next Steps:

- Please call our office at [Phone Number] to schedule your imaging appointment.
- If you have already scheduled this ultrasound, please disregard this notice.
- If you have had this imaging performed at another facility recently, please contact us so we can update your medical records.

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

If you have any questions or concerns, please do not hesitate to reach out to our office.

Sincerely,

[Provider Name/Clinic Name]
[Department Name]
[Phone Number]