Date: [Current Date]

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Patient ID: [ID Number]

Dear [Patient Name],

We are writing to follow up on your recent thyroid evaluation. Based on your clinical records and previous imaging, it is time for a follow-up ultrasound of your thyroid nodule(s).

Periodic monitoring is necessary to evaluate any changes in the size or appearance of the nodule(s). This is a standard procedure to ensure your continued health and thyroid function.

Next Steps:

- Please call our office at [Phone Number] to schedule your ultrasound appointment.
- The imaging will be performed at [Facility Name/Location].
- Your appointment should be scheduled by [Target Date/Month].

If you have already scheduled this appointment or have had this imaging performed elsewhere recently, please contact us so we can update your records.

If you have any questions regarding this follow-up, please do not hesitate to contact our clinical team.

Sincerely,

[Doctor's Name/Provider Name]
[Clinic/Department Name]
[Contact Information]