[Date]

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

Re: Follow-up Thyroid Ultrasound

Dear [Patient Name],

This letter is to inform you that it is time for your scheduled follow-up ultrasound regarding your thyroid nodule(s). Based on your previous imaging dated [Date of Last Ultrasound], a repeat examination was recommended for [Time Interval, e.g., 6 months / 1 year].

Regular monitoring is an important part of your thyroid health management to track any changes in the size or appearance of the nodule(s).

**Next Steps:**

- Please contact our scheduling department at [Phone Number] to book your appointment.
- The procedure will take approximately [Duration] and does not require any special preparation.
- If you have already scheduled this exam or had it performed elsewhere, please let our office know.

If you have any questions or concerns regarding this follow-up, please contact our office at [Phone Number] to speak with a member of your care team.

Sincerely,

[Provider Name/Signature]
[Clinic/Practice Name]