[Doctor or Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Reminder for Periodic Thyroid Ultrasound Follow-Up

Dear [Patient Name],

Our records indicate that it is time for your periodic thyroid nodule follow-up ultrasound. Periodic monitoring is a standard part of your care plan to ensure that any changes in the size or appearance of your thyroid nodules are identified promptly.

Your follow-up is due on or around: **[Due Date]**

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

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

Sincerely,

[Doctor Name/Clinic Name]
[Department Name]