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

Date: [Current Date]

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

Subject: Follow-up Appointment for Thyroid Nodule Ultrasound

Dear [Patient Name],

Our records indicate that you are due for a follow-up ultrasound of your thyroid gland. Regular monitoring is an important part of your care plan to evaluate any changes in the size or appearance of the thyroid nodule(s) previously identified.

Please contact our office at [Phone Number] to schedule your appointment. We recommend completing this imaging by [Insert Target Date].

If you have already scheduled this ultrasound at another facility, or if you have any questions regarding this follow-up, please notify us so we can update your medical record.

Sincerely,

[Physician Name/Clinic Staff]
[Clinic Name]