[Practice Name]
[Practice Address]
[Phone Number]
[Date]

[Patient Name]
[Patient Address]

**Subject: Follow-Up Required: Thyroid Ultrasound**

Dear [Patient Name],

We are contacting you regarding the monitoring of your thyroid nodule(s). According to our records and the recommendations from your previous imaging, it is time for a follow-up ultrasound of your thyroid.

Periodic imaging is necessary to monitor any changes in the size or appearance of the nodule(s) over time. This is a standard preventive measure to ensure your continued health.

**Next Steps:**

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

If you have any questions regarding this follow-up, please do not hesitate to call our office.

Sincerely,

[Physician Name]
[Practice Name]