**Patient Information Letter**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear XXX,

You were referred to our Endocrinology Clinic for assessment of your **thyroid nodule(s).** At this time, you no longer need follow-up at our clinic.

This letter includes your care instructions and test results. Please follow up with your primary care provider. They will also receive a report with this information.

# Care instructions

Please seek medical attention if you:

* Notice lumps or bumps in your neck that are new or getting larger
* Have difficulty swallowing, breathing, or develop a hoarse voice

If you have these symptoms, you may need another neck ultrasound.

# Test results

Hormonal panel:

|  |  |  |
| --- | --- | --- |
| **Test** | **Result** | **Date** |
| TSH |  |  |

Imaging:

|  |  |
| --- | --- |
| **First ultrasound****(mm/yy)** | **Last follow up ultrasound****(mm/yy)** |
| Finings  | Findings |

**(Biopsy):**

|  |  |  |
| --- | --- | --- |
| **Date** | **Nodule (size and location)** | **Result** |
|  |  |  |

# What this means

Your thyroid nodule(s) has been stable in size and characteristics over \_\_\_ years. Your thyroid function is normal.