Discharge Letter

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

Dear patient,

You were referred to our Endocrinology Clinic for assessment of your **adrenal adenoma**. 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

You do not need any further blood tests or diagnostic imaging for your adrenal lesion.

Please have your family doctor refer you back to our clinic or another endocrinologist if:

* You have new or worsening diabetes
* You have high blood pressure, which needs multiple medications or is difficult to control
* You have fractures, osteoporosis or low potassium
* Your family doctor has concerns about symptoms in keeping with Cushing’s syndrome, hyperaldosteronism or pheochromocytoma

Test Results

**Imaging:**

Date of first scan (mm/yy): \_\_\_\_\_\_

Date of follow-up scan at 6-12months (mm/yy) \_\_\_\_\_\_\_\_\_\_

What we found: Imaging consistent with a **benign** adrenal lesion

Specifically: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Blood work:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Pheochromocytoma Screening | Cushing’s Syndrome Screening | Hyperaldosteronism Screening  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

What we found: hormonal testing consistent with a **non-functioning** adrenal lesion