**Graves’ in Remission**

**Letter to Primary Care Provider**

\_\_\_\_\_\_\_\_\_ is being discharged from the endocrine clinic.

Rationale for discharge from Endocrine Care:

+/- Thyroid function tests stable post treatment course of ATD or definitive therapy with RAI or surgery

+/- Patient asymptomatic from thyroid perspective

+/- Iatrogenic hypothyroidism post-definitive therapy is stable on thyroid supplementation

+/- Not planning pregnancy in near feature

+/- No concerning/known nodules that need follow up

+/- Graves’ orbitopathy is inactive/stable

Summary of Key Dates and Results:

Anti-thyroid drug:

* Medication name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Total months duration/dates (mm/yy-mm/yy):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Radioactive Iodine

* \_\_\_\_\_\_mCi given and date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Surgery:

* Dr. \_\_\_\_\_\_ and date (mm/yy)\_\_\_\_\_\_\_\_\_\_\_\_

Most recent Labs:

|  |  |  |
| --- | --- | --- |
| **Test** | **Result** | **Date** |
| TSH |  |  |
| fT4/fT3 |  |  |
| TSH receptor antibody |  |  |

Imaging summary:

|  |  |  |
| --- | --- | --- |
| **Test** | **Result** | **Date** |
| Thyroid Uptake and Scan |  |  |
| Thyroid Ultrasound Scan |  |  |

Pathology (any FNA or surgical pathology): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow-up:

Tests required and time intervals: TSH annually or sooner if symptoms of hyperthyroidism

Criteria for escalation or re-referral:

1. Thyroid function tests indicative of hyperthyroidism
2. Pregnant or planning pregnancy
3. Concerning thyroid nodule(s)
4. New or worsening eye disease (parallel referral to ophthalmology)