**Discharge Letter**

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

Dear patient,

You were referred to our Endocrinology Clinic for assessment of your **Graves’ disease**. 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**

Make sure you get the following exams and tests done through your primary care provider’s office:

* TSH once a year or as needed if you have any symptoms of thyroid disease (hypo- or hyperthyroidism)
* TSH before a planned pregnancy
* If pregnant, get a referral back to an endocrinologist as soon as your pregnancy confirmed
* Ultrasound if your primary care provider is concern about thyroid nodules
* If your hyperthyroidism comes back, get another referral to Dr. \_\_\_\_\_\_\_\_\_ or another endocrinologist.

**Treatment summary:**

* Anti-thyroid drug:
* Medication name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Total months duration/dates (mm/yy-mm/yy):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Radioactive Iodine
* \_\_\_\_\_\_mCi given and date (mm/yy):\_\_\_\_\_\_\_\_\_\_\_\_
* Surgery:
* Dr. \_\_\_\_\_\_ and date (mm/yy)\_\_\_\_\_\_\_\_\_\_\_\_

**Laboratory results**

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

**Imaging results**

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

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