

Comprehensive Audiological Check-Up

Date: _____

Patient Name: _____

Address: _____

Phone: _____

Dear [Patient Name],

We are pleased to inform you that your comprehensive audiological check-up has been scheduled as follows:

Date: _____

Time: _____

Location: _____

This comprehensive evaluation will include various tests to assess your hearing and related functions. Please arrive at least 15 minutes early to complete any necessary forms.

If you have any questions or need to reschedule, feel free to contact us at [Clinic Phone Number].

We look forward to seeing you!

Sincerely,

[Audiologist Name]

[Clinic Name]

[Contact Information]