

Auditory Evaluation Outcome

Date: [Insert Date]

To: [Patient's Name]

[Patient's Address]

Dear [Patient's Name],

We are writing to inform you about the results of your recent auditory evaluation conducted on [insert evaluation date]. After thorough testing and assessment, we have gathered the following outcomes:

Summary of Findings:

- Hearing Threshold Levels: [Insert details]
- Type of Hearing Loss: [Insert details]
- Recommendations: [Insert details]

Based on these findings, we recommend the following steps:

- [Recommendation 1]
- [Recommendation 2]
- [Recommendation 3]

If you have any questions or if you would like to discuss your results further, please do not hesitate to contact our office at [Insert contact information]. We are here to assist you.

Thank you for trusting us with your hearing health.

Sincerely,

[Your Name]

[Your Position]

[Clinic/Hospital Name]