

# Audiometric Testing Notification

Date: [Insert Date]

To: [Insert Employee/Recipient Name]

Position: [Insert Position]

Department: [Insert Department]

Dear [Employee/Recipient Name],

This is to inform you that your scheduled audiometric testing will take place on **[Insert Testing Date]** at **[Insert Testing Time]**. The testing will be conducted at **[Insert Location]**.

Please ensure that you arrive at least 10 minutes early to facilitate a smooth process. If you have any questions or if you are unable to attend at the scheduled time, please contact [Insert Contact Person] at [Insert Contact Information].

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Contact Information]