

Audiology Evaluation Instructions

Dear [Patient's Name],

We are writing to confirm your scheduled audiology evaluation on [Date] at [Time]. Below are important instructions to prepare for your appointment:

What to Bring:

- Current medications list
- Any prior hearing tests or audiology reports
- Your insurance card and ID

Preparation:

- Avoid caffeine and alcohol 24 hours before the appointment.
- Do not use any ear drops or medication in the ears for 48 hours before your appointment.

Location:

Your evaluation will take place at:

[Clinic Name] [Clinic Address] [City, State, Zip Code]

Contact Information:

If you have any questions or need to reschedule, please call us at [Clinic Phone Number].

Thank you for choosing [Clinic Name]. We look forward to seeing you.

Sincerely,

[Your Name] [Your Title] [Clinic Name]