

Hearing Aid Fitting Eligibility Notification

Date: [Insert Date]

Dear [Recipient's Name],

We are pleased to inform you that after careful evaluation, you have been deemed eligible for a hearing aid fitting. Your assessment results demonstrate a level of hearing loss that can benefit significantly from the use of hearing aids.

Details of your eligibility are as follows:

- **Assessment Date:** [Insert Date]
- **Type of Hearing Loss:** [Insert Type]
- **Recommended Hearing Aid:** [Insert Recommendation]

Please contact our office at [Insert Phone Number] or [Insert Email Address] to schedule your hearing aid fitting appointment. We are here to assist you through the process and address any questions you may have.

Thank you for choosing [Your Organization's Name]. We look forward to helping you improve your hearing experience.

Sincerely,

[Your Name]

[Your Title]

[Your Organization's Name]

[Your Contact Information]