

Hearing Aid Fitting Appointment Reminder

Dear [Patient's Name],

This is a friendly reminder of your upcoming hearing aid fitting appointment.

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic Name & Address]

Please remember to bring your current hearing aids (if applicable) and any relevant medical information.

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

We look forward to seeing you!

Best regards,
[Your Name]
[Your Title]
[Clinic Name]