

Enrollment Notification

Date: [Insert Date]

Dear [Recipient's Name],

We are pleased to inform you that you have been successfully enrolled in the Senior Auditory Health Program. This program aims to provide comprehensive auditory assessments and personalized hearing management for seniors in our community.

Your first appointment is scheduled for [Insert Date and Time] at [Insert Location]. Please bring any previous hearing assessments and any relevant medical records with you to this appointment.

Should you have any questions or require further information, do not hesitate to contact our office at [Insert Contact Information]. We look forward to supporting your auditory health.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

[Contact Information]