

Request for Senior Auditory Health Assessment

Date: _____

To: [Audiology Department/Clinic Name]

Address: [Clinic Address]

Dear [Audiologist's Name or Sir/Madam],

I am writing to request a comprehensive auditory health assessment for my [relation, e.g., father/mother], [Name], who is a [age]-year-old senior. Given [his/her] age and recent concerns regarding [his/her] hearing capabilities, I believe it is essential to evaluate [his/her] auditory health.

[Provide any relevant information about hearing issues, if applicable. Examples: "We have noticed that [he/she] struggles to hear conversations," or "We believe [he/she] may be experiencing tinnitus."]

I kindly request that you schedule an appointment at your earliest convenience. If you require any further information or documentation, please do not hesitate to contact me at [your contact number] or [your email address].

Thank you for your attention to this matter, and I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Address]

[Your Contact Number]

[Your Email Address]