

# Letter of Audiology Results

Date: [Insert Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are writing to inform you of the results of your recent audiology evaluation conducted on [Date of Evaluation]. Our evaluation aimed to assess your hearing ability and identify any areas of concern.

## Results Summary:

- Hearing Thresholds: [Insert Thresholds]
- Type of Hearing Loss: [Insert Type]
- Recommended Follow-Up: [Insert Recommendations]

Please feel free to reach out to our office if you have any questions regarding your results or the recommended follow-up steps. We are here to help you understand your hearing health better.

Thank you for choosing [Audiology Practice Name] for your audiology needs.

Sincerely,

[Audiologist's Name]

[Audiologist's Title]

[Audiology Practice Name]

[Contact Information]