

Hearing Assessment Outcome Letter

Date: [Insert Date]

To: [Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are writing to inform you of the results from your recent hearing assessment conducted on [Insert Date of Assessment].

Based on the evaluation, the following observations were made:

- Your hearing thresholds indicate [normal hearing/mild/moderate/severe/profound hearing loss].
- Specific frequencies tested showed [insert specific results or observations].
- Recommendations for future management include [insert recommendations].

We encourage you to follow up with [insert follow-up procedures or additional appointments]. If you have any questions or concerns regarding the results, please do not hesitate to contact our office at [Insert Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Clinic or Hospital Name]

[Contact Information]