

# Follow-Up Hearing Loss Evaluation Appointment

Dear [Patient's Name],

We hope this message finds you well. We are writing to schedule a follow-up hearing loss evaluation. Based on your previous visit, we believe it is important to reassess your hearing status to ensure you receive the best possible care.

Please let us know your availability for the following dates:

- [Date Option 1]
- [Date Option 2]
- [Date Option 3]

If none of these dates work for you, feel free to suggest an alternative date and time that suits your schedule.

Thank you for your attention to this matter. We look forward to hearing from you soon.

Sincerely,

[Your Name]  
[Your Title]  
[Clinic Name]  
[Contact Information]