

Hearing Assessment Follow-Up

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Dear [Patient's Name/Guardian's Name],

We are writing to follow up on your recent hearing assessment conducted on [Insert Date of Assessment]. Our goal is to ensure that you and your family have the support necessary to enhance communication and overall quality of life.

During the assessment, we identified that [briefly summarize findings, e.g., "you may benefit from hearing aids" or "your hearing is within normal limits"]. Based on these findings, we recommend the following steps:

- Consult with an audiologist for further evaluation.
- Consider hearing assistance devices if necessary.
- Follow-up appointments to monitor hearing changes.

Please feel free to reach out with any questions or concerns regarding the assessment results or the recommended next steps. You can contact our office at [Insert Office Phone Number] or reply to this letter.

Thank you for your attention to this matter. We look forward to assisting you in ensuring the best possible hearing health.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

[Contact Information]