

Hearing Assessment Follow-Up

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Dear [Patient Name],

We hope this letter finds you well. We are writing to follow up on your recent hearing assessment conducted on [Insert Date of Assessment]. We appreciate your commitment to your hearing health and the use of hearing aids.

During your last visit, we noted the following:

- Your hearing levels and their impact on daily life.
- The performance of your hearing aids.
- Any concerns you may have regarding their use.

Based on these observations, we recommend the following next steps:

1. Continue wearing your hearing aids as prescribed.
2. Schedule a follow-up appointment in [Insert Time Frame].
3. Contact us if you experience any difficulties with your hearing aids.

If you have any questions or need further assistance, please do not hesitate to reach out to our office at [Insert Contact Information].

Thank you for trusting us with your hearing health.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Office Name]

[Contact Information]