

Hearing Assessment Follow-Up

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. This letter is a follow-up regarding your recent hearing assessment conducted on [Insert Date of Assessment].

As discussed in your appointment, we understand the importance of providing special accommodations for your hearing needs. We want to ensure that you have all the support necessary for effective communication and participation in your healthcare.

Follow-Up Plan:

- Results Summary: [Insert a brief summary of results]
- Recommended Accommodations: [Insert accommodations needed, e.g., hearing aids, interpreters]
- Next Steps: [Insert follow-up appointments, additional tests or referrals]

Please feel free to reach out to our office at [Insert Phone Number] or [Insert Email Address] if you have any questions or require further assistance.

Thank you for allowing us to participate in your care.

Warm regards,

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Clinic/Hospital Address]