

Hearing Assessment Follow-Up

Date: [Insert Date]

To: [Parent/Guardian Name]

Address: [Parent/Guardian Address]

Dear [Parent/Guardian Name],

Thank you for bringing [Child's Name] in for their hearing assessment on [Assessment Date]. We appreciate your commitment to [his/her/their] health and well-being.

Following the assessment, we have noted the following observations:

- Type of hearing test conducted: [Insert Type]
- Results: [Insert Summary of Results]
- Recommendations: [Insert Recommendations]

We recommend scheduling a follow-up appointment to discuss these results in detail and explore any necessary next steps. Please contact our office at [Office Phone Number] to arrange a suitable time.

Thank you for your attention to this important matter. We look forward to continuing to support [Child's Name]'s hearing health.

Best regards,

[Your Name]

[Your Title]

[Your Clinic/Practice Name]

[Contact Information]