

[Clinic Name]  
[Clinic Address]  
[Phone Number]

[Date]

[Patient Name]  
[Patient Address]

Dear [Patient Name],

Following your recent tinnitus evaluation on [Date of Evaluation], this letter summarizes our clinical findings and the recommended management plan.

**Evaluation Summary:**

During the consultation, we completed a comprehensive hearing assessment and a specialized tinnitus evaluation. Your results indicate [Insert brief description of hearing status, e.g., normal hearing / mild sensorineural hearing loss]. Your tinnitus is described as [Description of sound] and is primarily located in the [Left/Right/Both] ear(s).

**Clinical Findings:**

The assessment showed that your tinnitus is [Subjective/Objective] in nature. Based on the questionnaires completed, your tinnitus is currently categorized as having a [Mild/Moderate/Severe] impact on your daily activities and quality of life.

**Recommended Management Plan:**

To help manage your symptoms and promote habituation, we recommend the following steps:

- [Recommendation 1: e.g., Use of sound therapy/white noise generators]
- [Recommendation 2: e.g., Referral to ENT for further medical clearance]
- [Recommendation 3: e.g., Tinnitus Retraining Therapy (TRT) or Counseling]
- [Recommendation 4: e.g., Hearing aid trial to reduce tinnitus perception]

**Next Steps:**

We have scheduled a follow-up appointment for [Date/Time] to monitor your progress. In the meantime, please avoid total silence and use background sound to reduce the contrast of the tinnitus.

If you have any questions regarding these findings, please contact our office.

Sincerely,

[Provider Name]  
[Provider Title]