

**Date:** [Date]

**Referring Physician:** [Physician Name]

**Patient Name:** [Patient Name]

**Date of Birth:** [DOB]

Dear Dr. [Last Name],

I had the pleasure of seeing [Patient Name] today for a follow-up consultation regarding their chronic tinnitus. Since our last evaluation on [Last Visit Date], the patient reports that their symptoms are [improved / stable / worsening].

**Current Symptoms:**

The patient describes the tinnitus as a [ringing/buzzing/hissing] sound, primarily in the [right/left/both] ear(s). It is currently [intermittent/constant]. The patient reports a Tinnitus Handicap Inventory (THI) score of [Score/100]. Associated symptoms such as vertigo or hearing loss are [present/absent].

**Clinical Examination:**

Otoscopy reveals clear external auditory canals and healthy tympanic membranes bilaterally. Cranial nerve examination is intact. There is no evidence of objective tinnitus or carotid bruits upon auscultation.

**Review of Investigations:**

The recent audiogram performed on [Date] demonstrates [stable hearing thresholds / mild sensorineural hearing loss / other findings]. [MRI/CT] imaging from [Date] was reviewed and showed [no retrocochlear pathology / relevant findings].

**Assessment and Plan:**

1. **Tinnitus Management:** We discussed the benign nature of the condition. The patient will continue with [white noise therapy / hearing aid use / cognitive behavioral therapy].
2. **Medications:** [Adjustments made or continuation of current meds].
3. **Follow-up:** The patient will return to the clinic in [Number] months for a repeat evaluation.

Thank you for the opportunity to participate in this patient's care.

Sincerely,

[Your Name, MD/DO]

Department of Otolaryngology