[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Date]

To Whom It May Concern,

RE: [Patient Name]
Date of Birth: [DOB]

This letter serves as official notification that [Patient Name] is currently under the care of this clinic following a documented traumatic event on [Date of Event]. As a direct result of this trauma, the patient is experiencing temporary auditory processing difficulties and hyperacusis (increased sensitivity to sound).

To support the patient's recovery and ensure effective communication, we officially authorize and recommend the following hearing accommodations:

- Use of noise-canceling headphones or earplugs in high-stimulation environments.
- Preferential seating in quiet areas away from loud machinery or high-traffic zones.
- Written follow-up for all verbal instructions to ensure comprehension.
- Reduction of ambient noise during meetings or essential interactions.
- Frequent "quiet breaks" to prevent auditory fatigue.

These accommodations are medically necessary for a period of [Duration, e.g., 90 days], at which time the patient's condition will be re-evaluated. If you have any questions regarding these requirements, please contact our office directly.

Sincerely,

[Physician/Provider Name]
[Title]
[Medical License Number]
[Signature Line]