

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

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

It was a pleasure seeing you on [Date of Appointment] for your hearing aid reprogramming session. This letter serves as a summary of the adjustments made and a reminder of your follow-up care instructions.

Adjustments Made:

During your visit, we updated your device settings to better accommodate [specific concern, e.g., speech clarity in noise / overall volume levels]. Specifically, we [list brief technical change, e.g., increased high-frequency gain / activated directional microphones].

Acclimatization Period:

Please remember that it may take 1 to 2 weeks for your brain to adjust to these new sound levels. We recommend wearing your devices for at least [Number] hours per day to allow for proper adaptation.

Next Steps:

- Monitor your comfort and clarity in different listening environments.
- Keep a brief log of any persistent whistling (feedback) or discomfort.
- Your next scheduled progress check is on [Date] at [Time].

If you experience any physical pain in the ear canal or a sudden change in hearing before your next appointment, please contact our office immediately at [Phone Number].

We look forward to hearing about your progress at our next meeting.

Sincerely,

[Audiologist Name], [Credentials]
[Clinic Name]