

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

It was a pleasure seeing you in the clinic on [Date of Appointment] to address the acoustic feedback (whistling) you were experiencing with your hearing aids.

During your visit, we performed the following adjustments:

[Insert Adjustment: e.g., recalibrated the feedback manager, changed the dome/earmold, or adjusted high-frequency gain].

I am writing to check in and see how your devices are performing in your daily environments. Please consider the following:

- Is the whistling sound resolved when you are talking or chewing?
- Do you experience any feedback when hugging someone or putting on a hat?
- Is the overall sound quality still clear and comfortable?

If you are still experiencing any whistling or if the adjustments have changed the sound quality in a way you do not like, please call our office at [Phone Number] to schedule a brief follow-up tweak.

Your hearing comfort is our priority, and we want to ensure your technology is working perfectly for you.

Sincerely,

[Provider Name]

[Clinic Name]