

[Date]

To the Parents/Guardians of [Child's Name],

[Address]

[City, State, Zip Code]

Dear [Parent/Guardian Name],

It was a pleasure seeing you and [Child's Name] on [Date of Appointment] for a hearing aid adjustment. This letter is a summary of the changes made and the next steps for [Child's Name]'s hearing care.

Summary of Adjustments:

- **Programming Changes:** [Briefly describe adjustments, e.g., increased gain in high frequencies, adjusted noise reduction settings].
- **Physical Fit:** [Note if earmolds were modified or if new impressions were taken].
- **Device Performance:** [Note results of real-ear measurements or listening checks].

Home Care Instructions:

[Insert specific instructions here, such as: Please monitor for any signs of discomfort or feedback (whistling). Encourage [Child's Name] to wear the devices for [Number] hours per day.]

Observations to Report:

Please contact our office if you notice any of the following:

- Redness or irritation in the ear canal.
- Consistent tugging at the ears or refusal to wear the devices.
- No apparent improvement in response to sound.

Next Appointment:

We have scheduled a follow-up visit for [Date] at [Time] to monitor progress and perform further testing. If you need to reschedule or have questions before then, please call us at [Phone Number].

Sincerely,

[Audiologist Name], [Credentials]

[Clinic/Practice Name]

[Contact Information]