

Current Date: [Date]

Patient Name: [Patient Name]

Patient ID: [ID Number]

Date of Adjustment: [Date of Session]

Dear [Patient Name],

This letter is to follow up on your recent appointment for binaural synchronization adjustment. The purpose of this session was to fine-tune your auditory processing and ensure that both ears are communicating effectively with your brain.

During the appointment, we performed the following adjustments:

- Refinement of interaural timing differences.
- Balance calibration for auditory input levels.
- Synchronization of neural response triggers.

It is common to experience a period of adaptation following these changes. You may notice improvements in sound localization, speech clarity in noisy environments, or a general reduction in listening effort. Please monitor your progress over the next [Number] days.

If you experience any significant dizziness, increased tinnitus, or discomfort, please contact our office immediately at [Phone Number].

We have scheduled a brief check-in call for [Date/Time] to discuss your progress. Your next formal evaluation is set for [Next Appointment Date].

Sincerely,

[Provider Name]

[Provider Title]

[Clinic/Facility Name]