

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

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

Dear [Patient Name],

It has been [Number] weeks since we adjusted the directional microphone settings on your hearing aids. I am writing to see how you are adjusting to these changes in your daily environments.

The goal of this adjustment was to improve your ability to hear speech clearly while reducing background noise, especially in crowded or loud settings. Please consider the following questions:

- Are you finding it easier to follow conversations in restaurants or social gatherings?
- Is the transition between quiet and noisy environments comfortable for you?
- Do you feel the focus of the microphones is helping you hear the person in front of you more effectively?

If you feel the settings need further refinement or if you are experiencing any discomfort, please contact our office at [Phone Number] to schedule a brief follow-up appointment. We want to ensure you are getting the best possible performance from your technology.

We look forward to hearing from you soon.

Sincerely,

[Your Signature]
[Your Printed Name/Title]