

[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 fitting and Real-Ear Measurement (REM) verification.

As we discussed, the REM testing allowed us to measure exactly how your hearing aids are performing inside your ear canal. This ensures that the devices are programmed precisely to your unique ear anatomy and specific hearing loss requirements. By meeting these clinical targets, we have optimized your technology for the best possible speech clarity and comfort.

Now that you have had some time to wear the adjusted settings in your daily environment, I would like to check in on your progress. Please consider the following:

- How is the clarity of speech in quiet environments?
- Are you comfortable with the volume of your own voice?
- How are the hearing aids performing in noisy settings, such as restaurants?
- Are there any specific sounds that feel too sharp or uncomfortably loud?

Your brain will continue to adapt to these precise settings over the next few weeks. However, if you feel that further fine-tuning is needed, please contact our office at [Phone Number] to schedule a brief follow-up adjustment.

We are committed to ensuring you receive the maximum benefit from your hearing technology.

Sincerely,

[Provider Name]

[Practice Name]