

[Your Clinic's Letterhead]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

Subject: Hearing Test Appointment Notification

We are writing to inform you that it is time for your regular hearing test. Your upcoming appointment is scheduled for:

****Date:**** [Insert Date]

****Time:**** [Insert Time]

****Location:**** [Clinic Name and Address]

Please arrive at least 15 minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, do not hesitate to contact us at [Clinic Phone Number] or [Clinic Email Address].

Thank you for prioritizing your hearing health.

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]