

**Clinic Name**

**Clinic Address**

**Clinic Phone Number**

5/26/2016

Dear Name,

At clinic name, we are committed to providing our patients with the most innovative and current treatments available. Additionally, we are sensitive to the costs that may come with treatment. Our trained staff spend a significant amount of time researching the current technology and finding the best options for our patients.

It is for this reason that we would like to share our enthusiasm **for (insert desired device and any features/benefits you would like to highlight)**

On 5/26/2016 , name will be in our office to demonstrate this innovative technology.

Every hearing loss and your goals are unique, so it is important to personally try these devices to discover the benefit they can provide for you and your family.

**Call us today** at phone number to schedule an appointment

**Appointments are limited!!**

**We will be offering:**

**Free Hearing Screenings and Ear Examinations**

**Free Personalized Listening Demonstrations**

**$500.00 off any pair of (insert device)**

**Free one year supply of batteries, remote control, and four-year repair warranty**

We look forward to seeing you soon,

*Signature*