



# WFA® Community-Based Hearing HealthCare

## Monthly Patient Success Stories

Region:   
Country:

Report Month & Year:   
Date of Report:

### Patient AfterCare Success Story # 1

Patient Name   
Patient City   
Mission Fit Date

SHF ID #   
Age   
Patient Gender

Story:

*Remember to include a photo of the patient and name the file: region.country.patientname.jpg*

### Patient AfterCare Success Story # 2

Patient Name   
Patient City   
Mission Fit Date

SHF ID #   
Age   
Patient Gender

Story:

*Remember to include a photo of the patient and name the file: region.country.patientname.jpg*