



WFA® Community-Based Hearing HealthCare Monthly Patient Success Stories

Region:	<input type="text"/>	Report Month & Year:	<input type="text"/>
Country:	<input type="text"/>	Date of Report:	<input type="text"/>

Patient AfterCare Success Story # 1

Patient Name	<input type="text"/>	SHF ID #	<input type="text"/>
Patient City	<input type="text"/>	Age	<input type="text"/>
Mission Fit Date	<input type="text"/>	Patient Gender	<input type="text"/>

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

Patient AfterCare Success Story # 2

Patient Name	<input type="text"/>	SHF ID #	<input type="text"/>
Patient City	<input type="text"/>	Age	<input type="text"/>
Mission Fit Date	<input type="text"/>	Patient Gender	<input type="text"/>

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