



WFA® Community-Based Hearing HealthCare

Monthly City AfterCare Reports

Region: _____ Report Month & Year: _____
Country: _____ Date of Report: _____

AfterCare City		Schedule/Frequency of AfterCare		
Hearing Care Coordinator				
Total # of Patients in City		Type of AfterCare Session	AC Total	AC Active
Active		AfterCare Over the Phone		
		AfterCare Service Center		
		AfterCare at School		
Total AfterCare Sessions				
Total		Patients Served		

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