

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Recipient's Title/Position]  
[Company/Organization Name]  
[Company Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Request for Oxygen Concentrator Usage Approval

I am writing to formally request approval for the use of an oxygen concentrator for [patient's name or my personal use] due to medical conditions that necessitate supplemental oxygen.

[Briefly describe the medical condition and the necessity of using an oxygen concentrator, including any relevant medical history or physician recommendations.]

The prescribed oxygen concentrator [model/type, if applicable] will provide the necessary support to maintain [patient's name or my] oxygen levels and enhance overall well-being. I have attached the relevant medical documentation from [physician's name or clinic] to support this request.

Please let me know if you require any further information or documentation to expedite this process. Your prompt attention to this matter would be greatly appreciated to ensure timely access to the equipment needed for [patient's name or my] health.

Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Position, if applicable]