

[Your Name]
[Your Title/Position]
[Your Practice Name]
[Your Practice Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Patient's Name]
[Patient's Address]
[City, State, Zip Code]

Dear [Patient's Name],

I am writing to prescribe an oxygen concentrator for your medical needs. After evaluating your condition, I have determined that supplemental oxygen is necessary for you to maintain optimal health and improve your quality of life.

****Patient Diagnosis:****

[Insert diagnosis here]

****Justification for Oxygen Therapy:****

[Provide a brief explanation of the patient's condition and why oxygen therapy is required]

****Oxygen Concentrator Prescription:****

- ****Type:**** [Specify type of oxygen concentrator]
- ****Flow Rate:**** [Specify flow rate required, e.g., liters per minute]
- ****Duration of Use:**** [Specify hours per day, e.g., continuous, nocturnal, etc.]

Please ensure that the equipment is maintained as per the guidelines provided and that regular follow-ups are scheduled to assess your response to the therapy.

If you have any questions or require further assistance, do not hesitate to contact my office.

Sincerely,

[Your Signature]
[Your Typed Name]
[Your Medical License Number]
[Your NPI Number (if applicable)]