

[Your Organization's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Authorization for Oxygen Concentrator

We are writing to formally request authorization for the provision of an oxygen concentrator for [Patient's Name], who is under our care. Due to [brief explanation of the medical condition], it is essential that [he/she/they] has access to supplemental oxygen therapy.

The details of the request are as follows:

- \*\*Patient Name:\*\* [Patient's Name]
- \*\*Date of Birth:\*\* [Patient's Date of Birth]
- \*\*Medical Condition:\*\* [Brief description]
- \*\*Physician's Name:\*\* [Physician's Name]
- \*\*Physician's Contact Information:\*\* [Address, phone, email]
- \*\*Required Specifications:\*\* [e.g., flow rate, portable vs stationary]

We appreciate your prompt attention to this matter and look forward to your authorization, which will greatly improve [Patient's Name]'s quality of life. Should you require any more information or documentation, please do not hesitate to contact us at [Your Phone Number] or [Your Email Address].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Organization's Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]