

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

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

Dear [Recipient's Name],

Subject: Request for Approval/Authorization for Oxygen Concentrator Use

I am writing to formally request approval for the use of an oxygen concentrator for [Patient's Name/Your Name] due to [specific medical condition or need]. This device is essential to ensure adequate oxygen supply and improve overall health and quality of life.

[Provide a brief explanation of the medical condition, treatment history, and reason for the oxygen concentrator, including any relevant medical recommendations.]

The use of an oxygen concentrator has been recommended by [Doctor's Name/Healthcare Provider], and it is critical for [Patient's Name] to maintain an optimal oxygen level for [specific purpose, e.g., daily activities, recovery, etc.].

I have attached the supporting documents, including [list of documents, e.g., medical prescriptions, patient history, and relevant studies] for your review.

I kindly request your prompt attention to this matter and look forward to your favorable response. If you need any further information or clarification, please do not hesitate to contact me at [your phone number] or [your email address].

Thank you for your consideration.

Sincerely,

[Your Name]  
[Your Title/Position]  
[Your Organization]