

[Your Name]
[Your Title]
[Your Organization]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Patient's Name]
[Patient's Address]
[City, State, Zip Code]
Dear [Patient's Name],

RE: Oxygen Therapy Prescription

I am writing to inform you about your prescription for oxygen therapy. After a thorough evaluation of your medical condition, it has been determined that oxygen therapy is necessary to manage your [specific condition, e.g., chronic obstructive pulmonary disease, sleep apnea, etc.].

The details of your oxygen therapy regimen are as follows:

****Prescription Details****

- ****Flow Rate:**** [specify liters per minute]
- ****Type of Oxygen Delivery System:**** [e.g., continuous, portable tank, concentrator, etc.]
- ****Duration of Use:**** [e.g., continuous use, specific hours per day]

Please ensure that you follow the prescribed flow rate and usage guidelines to achieve the best outcomes for your health. Additionally, it is essential to have regular follow-up appointments to monitor your progress.

If you have any questions or need assistance with your oxygen therapy setup, please do not hesitate to contact my office.

Sincerely,

[Your Name]
[Your Title]
[Your Organization]