

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

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

Dear [Patient's Name],

Subject: Confirmation of Oxygen Therapy Appointment

We are writing to confirm your upcoming appointment for oxygen therapy.

Please find the details of your appointment below:

****Appointment Date:**** [Date]

****Appointment Time:**** [Time]

****Location:**** [Facility Name]

[Facility Address]

[City, State, Zip Code]

Please arrive at least [XX] minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, do not hesitate to contact us at [Contact Number] or [Email Address].

Thank you for choosing [Facility/Practice Name]. We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Job Title]

[Facility/Practice Name]

[Contact Information]