

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

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

Dear [Caregiver's Name],

Subject: Oxygen Therapy Assessment for [Patient's Name]

I hope this letter finds you well. This correspondence serves to summarize the findings from the recent oxygen therapy assessment conducted for [Patient's Name] on [Assessment Date].

**\*\*Patient Information:\*\***

- Name: [Patient's Name]
- Date of Birth: [Patient's Date of Birth]
- Diagnosis: [Patient's Diagnosis]

**\*\*Assessment Details:\*\***

- Oxygen Saturation Levels: [Measured Levels]
- Required Flow Rate: [Flow Rate]
- Type of Oxygen Delivery Device: [Device Type]
- Recommended Therapy Duration: [Duration]
- Additional Notes: [Any relevant information or considerations]

**\*\*Caregiver Instructions:\*\***

1. Ensure the oxygen device is functioning properly and is used as prescribed.
2. Monitor [Patient's Name] for any signs of distress or changes in condition.
3. Schedule follow-up assessments as needed or as outlined in the care plan.

Please feel free to reach out if you have any questions or require further assistance regarding [Patient's Name]'s oxygen therapy.

Thank you for your continued care and support.

Sincerely,

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