

[Your Clinic's Letterhead]

[Clinic Name]

[Clinic Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

Subject: Discharge Letter for Oxygen Therapy

We are pleased to inform you that your course of oxygen therapy has been successfully completed. This letter outlines the details of your treatment and any necessary follow-up care.

****Patient ID:**** [Patient ID]

****Date of Birth:**** [DOB]

****Treatment Period:**** [Start Date] to [End Date]

****Summary of Treatment:****

- Initial assessment and diagnosis: [Diagnosis]

- Treatment provided: [Oxygen therapy details, flow rates, duration, etc.]

- Response to therapy: [Patient's improvement, symptoms resolved, etc.]

****Home Care Instructions:****

- Continue using oxygen as prescribed: [Flow rate, duration, usage times]

- Equipment maintenance: [How to clean and maintain apparatus]

- Emergency procedures: [What to do in case of equipment failure or health changes]

****Follow-Up Care:****

- Schedule follow-up appointment on: [Next appointment date]

- Contact healthcare provider if experiencing: [Symptoms to watch for]

Please keep this letter for your records and do not hesitate to reach out to us for any questions or concerns related to your therapy or overall health.

Best regards,

[Your Name]

[Your Title]

[Clinic Name]