

[Your Clinic/Practice Letterhead]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

Subject: Oxygen Therapy Recommendation

I hope this letter finds you well. Following our recent consultation and based on your current medical condition, I am writing to recommend oxygen therapy as a crucial part of your treatment plan.

Oxygen therapy is intended to improve your oxygen levels in the blood, alleviate symptoms, and enhance your overall quality of life.

****Indications for Oxygen Therapy:****

- [List specific reasons or diagnoses that warrant oxygen therapy for the patient, e.g., chronic obstructive pulmonary disease, sleep apnea, etc.]

****Details of the Therapy:****

- Duration: [e.g., Continuous, as needed, etc.]

- Dosage: [e.g., Flow rate in liters per minute, if applicable]

- Equipment: [e.g., Type of oxygen delivery system, e.g., concentrator, tanks, etc.]

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

Please schedule a follow-up appointment in [time frame, e.g., four weeks] to evaluate your progress and make any necessary adjustments to your therapy.

If you have any questions or concerns regarding the oxygen therapy or your treatment plan, please do not hesitate to reach out.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]

[Your Clinic/Practice Name]