

[Your Name]
[Your Title/Position]
[Your Institution/Practice Name]
[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: Prescription for Oxygen Therapy

I am writing to formally prescribe oxygen therapy for your medical condition. Based on your recent evaluations and medical history, the following treatment plan is recommended:

****Patient Information:****

- Patient Name: [Patient's Full Name]
- Date of Birth: [DOB]
- Medical Record Number: [MRN]

****Oxygen Therapy Details:****

- Type of Oxygen Delivery System: [e.g., Portable, Stationary, etc.]
- Flow Rate: [e.g., 2 L/min]
- Duration: [e.g., Continuous use / As necessary]
- Indication for Therapy: [e.g., Chronic Obstructive Pulmonary Disease, etc.]

Please arrange for the necessary equipment and follow up with any questions regarding your therapy. It is essential to adhere to the prescribed flow rate and duration to manage your condition effectively. Should you have any concerns or require further assistance, feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Position]
[Your Institution/Practice Name]