

[Your Name]  
[Your Title]  
[Your Institution/Practice Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Recipient Title]  
[Recipient Institution/Practice Name]  
[Recipient Address]  
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Referral for Oxygen Therapy

I hope this letter finds you well. I am writing to refer [Patient's Full Name], a [Patient's Age]-year-old [male/female] with a history of [Brief Medical History and Diagnosis]. The patient has been experiencing [specific symptoms or conditions] that necessitate the initiation of oxygen therapy.

Despite [mention any treatments or interventions tried], the patient's condition remains [describe the current status and reason for referral]. Based on my assessment, I believe that oxygen therapy would provide significant benefit in [mention expected outcomes or improvements]. I kindly request your evaluation and management of [Patient's Name] for oxygen therapy. The patient is available for an appointment and can be reached at [Patient's Contact Information].

Please find enclosed the patient's medical records and relevant test results for your review. Should you require any further information or have questions regarding this referral, please feel free to contact me directly.

Thank you for your attention to this matter. I appreciate your expertise in managing this patient's oxygen therapy needs.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Title]  
[Your Institution/Practice Name]