

[Your Name]
[Your Title/Position]
[Facility Name]
[Facility Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

Dear [Patient's Name],

Subject: Consent for Oxygen Therapy

I am writing to obtain your consent for oxygen therapy as part of your treatment plan for [specific condition or reason for therapy].

Oxygen therapy is designed to improve your breathing and increase the level of oxygen in your blood. It may involve using an oxygen concentrator or a portable oxygen tank, which will be provided to you during the course of your treatment.

Before we proceed, it is important for you to understand the benefits, risks, and alternatives associated with this therapy:

****Benefits of Oxygen Therapy:****

- Improved oxygen levels in the blood
- Reduced breathlessness
- Enhanced quality of life

****Possible Risks/Side Effects:****

- Dry or bloody nose
- Fatigue or headaches
- Fire risk due to the presence of high concentrations of oxygen

****Alternatives to Oxygen Therapy:****

- [List any alternatives available, if applicable]

By signing this letter, you acknowledge that you have been informed about the nature of the treatment, its benefits, risks, and alternatives. You agree to have oxygen therapy initiated under the supervision of the medical staff at [Facility Name].

Please sign and date below to indicate your consent:

[Patient's Signature]

[Date]

If you have any questions or concerns regarding the procedure or your condition, please do not hesitate to discuss them with me.

Thank you for your cooperation.

Sincerely,

[Your Name]
[Your Title/Position]
[Facility Name]