

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Company/Organization Name]
[Company Address]
[City, State, Zip Code]

Subject: Letter of Authorization for Oxygen Tank Replacement

Dear [Recipient Name],

I, [Your Full Name], hereby authorize [Recipient's Company/Organization Name] to replace the oxygen tank for me as per the regulations and requirements outlined by the [relevant authority or organization, if applicable].

Patient Name: [Patient's Full Name]

Patient ID/Account Number: [Patient ID or Account Number]

Current Oxygen Tank Number: [Current Tank Number]

New Oxygen Tank Specifications: [Details of New Tank Required]

This authorization is valid until [End Date] or until further notice.

Thank you for your prompt attention to this matter. Please do not hesitate to contact me at [Your Phone Number] or [Your Email Address] should you have any questions.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Relationship to Patient, if applicable]