

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Healthcare Provider's Name]
[Provider's Address]
[City, State, Zip Code]
Dear [Recipient's Name],
Subject: Appointment Confirmation for Oxygen Therapy
I am writing to confirm my upcoming appointment for oxygen therapy. Below
are the details of the appointment:
Appointment Date: [Date]
Appointment Time: [Time]
Location: [Facility Name and Address]
Duration: [Estimated Duration]
Please let me know if there are any forms or preparations required prior
to the appointment. I appreciate your assistance and look forward to our
meeting.
Thank you.
Sincerely,
[Your Name]