

[Your Clinic/Hospital Name]
[Your Clinic/Hospital 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: Appointment Confirmation for Oxygen Therapy

We are pleased to confirm your appointment for oxygen therapy as discussed.

****Appointment Details:****

- ****Date:**** [Appointment Date]
 - ****Time:**** [Appointment Time]
 - ****Location:**** [Clinic/Hospital Address or Unit]
 - ****Duration:**** Approximately [Duration]
- **Preparation:****

Please bring the following:

- Any relevant medical records
- Current list of medications
- Insurance information

If you have any questions or need to reschedule, please contact us at [Phone Number] or [Email Address].

We look forward to seeing you.

Sincerely,

[Your Name]
[Your Title]
[Your Clinic/Hospital Name]