

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

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

Dear [Patient's Name],

This is a friendly reminder regarding your upcoming appointment for oxygen therapy.

****Appointment Details:****

- ****Date:**** [Appointment Date]
- ****Time:**** [Appointment Time]
- ****Location:**** [Facility/Clinic Name and Address]

Please remember to bring your insurance information and any necessary paperwork. If you have any questions or need to reschedule, don't hesitate to contact us at [Phone Number].

We look forward to seeing you!

Best regards,

[Your Name]
[Your Title]
[Facility/Clinic Name]