

[Your Name]
[Your Position]
[Your Organization/Facility Name]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Patient's Name]
[Patient's Address]
[City, State, Zip Code]

Dear [Patient's Name],

Subject: Scheduling of Oxygen Therapy

We hope this letter finds you well.

We are writing to inform you about the scheduling of your upcoming oxygen therapy sessions. Based on your recent evaluation and discussions with your healthcare provider, we have prepared a treatment plan tailored to your needs.

****Scheduled Dates and Times:****

- ****Session 1:**** [Date] at [Time]
- ****Session 2:**** [Date] at [Time]
- ****Session 3:**** [Date] at [Time]

Please arrive [15 minutes] prior to your scheduled appointment to allow time for check-in and preparation. If you have any scheduling conflicts or require adjustments, please contact us at [Phone Number] or [Email Address] as soon as possible.

Additionally, please bring any necessary equipment or documentation that may assist in your therapy sessions.

Thank you for your attention to this matter. We look forward to supporting you in your treatment journey.

Best regards,

[Your Name]
[Your Title]
[Your Organization/Facility Name]