

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Clinic/Hospital Name]
[Clinic/Hospital Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to request a consultation for oxygen therapy for [Patient's Name], who has been experiencing [briefly describe the condition or symptoms]. After discussing the options with [Patient's Name] and considering the potential benefits of oxygen therapy, we believe it may be a suitable approach for their treatment.

We would appreciate the opportunity to meet with you to discuss this treatment in more detail, assess [Patient's Name]'s condition, and explore the most appropriate course of action. Please let us know your available dates and times for an appointment.

Thank you for your attention to this matter. We look forward to your prompt response.

Sincerely,

[Your Name]
[Your Relationship to the Patient, if applicable]