

[Your Name]
[Your Position]
[Your Clinic/Hospital Name]
[Clinic/Hospital 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 Sessions
We are pleased to inform you that your oxygen therapy sessions have been
scheduled as follows:
Start Date: [Start Date]
Duration: [e.g., Weekly Sessions for X Weeks]
Time: [Time of Session]
Location: [Clinic/Hospital Name and Address]
Please arrive at least [X minutes] prior to your scheduled appointment.
If you have any questions or need to reschedule, feel free to contact us
at [Phone Number] or [Email Address].
Thank you for choosing [Your Clinic/Hospital Name] for your health care
needs.
Sincerely,
[Your Signature (if sending a hard copy)]
[Your Name]
[Your Position]