

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

[Date]
[Recipient Name]
[Recipient's Title]
[Facility Name]
[Facility Address]
[City, State, Zip Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to schedule a series of oxygen therapy sessions for [Patient's Full Name], who has been advised to undergo this treatment.

We would like to request the following dates and times, if available:

1. [Date and Time]
2. [Date and Time]
3. [Date and Time]

Please let us know if these timings work for you or if alternative slots are available. Additionally, if there are any forms or documents that need to be completed prior to the sessions, kindly inform us.

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

Sincerely,

[Your Name]
[Your Relationship to the Patient]