

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

[Recipient Name]
[Recipient's Title/Position]
[Facility/Practice Name]
[Facility Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Oxygen Therapy Appointment Request

I hope this letter finds you well. I am writing to request an appointment for oxygen therapy for [Patient's Name] on [Preferred Date(s)] at [Preferred Time(s)].

[Brief description of the patient's condition and need for oxygen therapy.]

Please let me know the available slots for the appointment. Additionally, if there are any forms or pre-appointment requirements, kindly inform me so I can prepare accordingly.

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

Sincerely,

[Your Name]

[Your Relationship to the Patient, if applicable]