

[Your Clinic/Facility Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are pleased to inform you that your appointment for oxygen therapy has been scheduled. Please find the details below:

****Appointment Details:****

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic/Facility Name or Address]

****What to Bring:****

- Any relevant medical documents
- List of current medications
- Insurance information (if applicable)

If you have any questions or need to reschedule your appointment, please feel free to contact us at [Phone Number] or [Email Address].

Thank you, and we look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Facility Name]