

[Your Name]  
[Your Title]  
[Your Organization]  
[Your 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: Confirmation of Oxygen Therapy Session

We are writing to confirm your upcoming oxygen therapy session. Below are the details of your appointment:

**\*\*Date:\*\*** [Insert Date]

**\*\*Time:\*\*** [Insert Time]

**\*\*Duration:\*\*** [Insert Duration]

**\*\*Location:\*\*** [Insert Location]

Please arrive at least [Insert Time] minutes early to complete any necessary paperwork. 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 Organization]. We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]