

[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]