

**\*\*Subject:\*\*** Appointment Request for Oxygen Therapy

**\*\*Dear** [Recipient's Name or Healthcare Provider's Office], **\*\***

I hope this message finds you well. I am writing to request an appointment for oxygen therapy for [Patient's Name], who has been experiencing [brief description of the condition or reason for therapy].

**\*\*Patient Information:\*\***

- Name: [Patient's Full Name]

- Date of Birth: [Patient's DOB]

- Contact Information: [Patient's Phone Number and/or Email Address]

- Insurance Provider: [Insurance Company Name and Policy Number, if applicable]

**\*\*Preferred Appointment Dates/Times:\*\***

1. [Option 1: Date and Time]

2. [Option 2: Date and Time]

3. [Option 3: Date and Time]

Please let me know if any of these options are available or if there are other suitable times.

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

**\*\*Best regards,\*\***

[Your Name]

[Your Relationship to the Patient]

[Your Contact Information]

[Your Address]