

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

[Recipient's Name]
[Recipient's Address]
[City, State, ZIP Code]

Subject: Letter of Consent for Use of Oxygen Tank

Dear [Recipient's Name],

I, [Your Name], hereby give my consent for [Patient's Name], who is under my care, to use an oxygen tank as prescribed by [Doctor's Name/Medical Provider].

I understand the necessity of using the oxygen tank for [reason for using oxygen, e.g., chronic illness, recovery post-surgery, etc.], and I assure that all usage will adhere to safety guidelines and medical instructions provided by the healthcare professional.

Should you require any further information or clarification, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Relationship to Patient]