

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

[Recipient's Name]
[Recipient's Title]
[Medical Facility/Practice Name]
[Facility Address]
[City, State, Zip Code]

Subject: Prescription for Oxygen Therapy

Dear [Recipient's Name],

I am writing to prescribe oxygen therapy for my patient, [Patient's Full Name], who has been diagnosed with [medical condition]. After evaluating [his/her/their] condition and considering the necessity for supplemental oxygen, I recommend the following:

****Prescription Details:****

- ****Dosage:**** [e.g., Continuous, 2 liters per minute]
- ****Delivery Method:**** [e.g., Nasal cannula, Mask]
- ****Duration of Therapy:**** [e.g., As needed, 24 hours a day, [duration]]
- ****Specific Instructions:**** [e.g., Use during physical activity, Sleep, etc.]

Patient's medical history includes: [Brief description of relevant medical history].

Please ensure that [Patient's Name] receives this necessary treatment as soon as possible for management of [his/her/their] condition.

Thank you for your attention to this matter. If you have any questions, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Title/Position]
[Your Medical License Number]