

Home Oxygen Therapy Evaluation

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Patient Phone: [Insert Patient Phone Number]

Referring Physician:

Dr. [Insert Physician Name]

Phone: [Insert Physician Phone Number]

Subject: Home Oxygen Therapy Evaluation

Dear [Patient Name],

We are writing to confirm your recent evaluation for home oxygen therapy. Based on our assessment conducted on [Insert Date of Evaluation], the following observations were noted:

- SpO2 levels at rest: [Insert Values]
- SpO2 levels during exertion: [Insert Values]
- Respiratory rate: [Insert Values]
- Other pertinent findings: [Insert Findings]

In conclusion, it is recommended that you begin home oxygen therapy at the prescribed flow rate of [Insert Flow Rate] to manage your condition effectively. Further instructions regarding equipment usage and follow-up appointments will be provided.

If you have any questions or concerns, please do not hesitate to contact our office.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Facility Name]

[Contact Information]