

Respiratory Therapy Session Instructions

Date: _____

Patient Name: _____

Patient ID: _____

Dear [Patient's Name],

Here are the instructions for your upcoming respiratory therapy sessions:

Session Schedule:

- Date: _____
- Time: _____
- Location: _____

Preparation:

1. Wear comfortable clothing.
2. Bring any prescribed inhalers or medications.
3. Arrive 15 minutes early to complete any necessary paperwork.

During the Session:

- Follow the therapist's instructions carefully.
- Communicate any discomfort or questions.

Post-Session Care:

After your session, please:

- Rest and hydrate.
- Monitor your breathing and report any changes.

If you have any questions or need to reschedule, please contact us at [Contact Information].

Thank you,

[Therapist's Name]

[Clinic Name]

[Phone Number]