

Letter of Appeal for Denied Medical Device Application

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally appeal the decision regarding the denial of my application for the medical device [insert device name or ID] submitted on [insert submission date]. I appreciate the time and effort your team dedicated to reviewing my application, but I believe there may have been some misunderstandings or overlooked information that contributed to the denial.

This device is crucial for [insert explanation of the device's importance and intended use], and I would like to present the following additional information that may clarify the concerns raised:

- [Insert additional data or clarification]
- [Insert additional data or clarification]
- [Insert additional data or clarification]

I kindly request a reconsideration of my application based on the information provided. I am more than willing to discuss this matter further or provide any additional documentation you may require.

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

Sincerely,

[Your Name]