

Confirmation of Medical Device Quality Assurance Compliance

Date: [Insert Date]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Recipient Company Name]

[Recipient Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are pleased to confirm that [Device Name], manufactured by [Your Company Name], complies fully with the quality assurance standards applicable to medical devices. Our quality management system is certified to ISO 13485:2016 and adheres to the necessary regulatory requirements.

We conduct rigorous testing and validation processes to ensure that all our products meet the highest standards of quality and safety. Our dedicated quality assurance team regularly reviews our protocols to maintain compliance and continuous improvement.

This letter serves as verification of our commitment to quality and reliability in our medical devices. Should you require any further information or documentation, please do not hesitate to contact us.

Thank you for your continued partnership.

Sincerely,

[Your Full Name]

[Your Job Title]

[Your Company Name]