

Healthcare Equipment Requisition

Date: [Insert Date]

To: [Recipient's Name]

Title: [Recipient's Title]

Department: [Recipient's Department]

Organization: [Organization Name]

Address: [Organization Address]

Dear [Recipient's Name],

We are writing to formally request the requisition of healthcare equipment specifically for patient care monitoring devices. The following devices are necessary to ensure optimal monitoring of our patients:

- Device 1: [Description of Device 1]
- Device 2: [Description of Device 2]
- Device 3: [Description of Device 3]
- Device 4: [Description of Device 4]

The need for these devices arises from [reason for requisition, e.g., an increase in patient load, specific patient care requirements, etc.]. We aim to provide the highest level of care and monitoring capabilities for our patients.

Please find attached the specifications and pricing for the requested devices. We kindly ask for your prompt attention to this requisition.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Title]

[Your Department]

[Your Organization]

Contact: [Your Phone Number]

Email: [Your Email Address]