

Approval Request for Returning Medical Devices

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Address]

Dear [Recipient's Name],

I am writing to formally request your approval for the return of the following medical devices:

- Device Name: [Insert Device Name]
- Model Number: [Insert Model Number]
- Serial Number: [Insert Serial Number]
- Reason for Return: [Insert Reason]

These devices have been evaluated and, as per our assessment, are no longer needed due to [insert reason for returning the devices]. We believe returning these items will benefit our operations and align with our resource management strategy.

Your prompt attention to this matter is greatly appreciated. Should you require any further information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for considering this request. I look forward to your favorable response.

Sincerely,

[Your Name]

[Your Title]

[Your Company/Organization Name]

[Your Address]