

Authorization Request for Medical Gear Return

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally request authorization to return the following medical gear:

- Item Name: [Insert Item Name]
- Model/Serial Number: [Insert Model/Serial Number]
- Purchase Date: [Insert Purchase Date]

The reason for the return is [insert reason for return]. I would appreciate your guidance on the return process and any necessary steps I should follow.

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

Sincerely,

[Your Name]