

# Authorization for Returning Medical Supplies

Date: [Date]

To Whom It May Concern,

We hereby authorize [Your Name/Company Name] to return the following medical supplies on our behalf:

- Item 1: [Description of Item]
- Item 2: [Description of Item]
- Item 3: [Description of Item]

Reason for Return: [Reason]

Please recognize this authorization and assist [Your Name/Company Name] in the return process.

Should you have any questions, feel free to contact us at [Your Contact Information].

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Contact Information]