

# Return Authorization Letter for Medical Apparatus

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to inform you that we have authorized the return of the following medical apparatus:

- Item Description: [Insert Item Description]
- Model Number: [Insert Model Number]
- Serial Number: [Insert Serial Number]
- Purchase Date: [Insert Purchase Date]

Reason for Return: [Insert Reason]

Please use the following return authorization number for your records: [Insert Authorization Number]. This number must be included with your return package.

For the return process, kindly ensure that:

1. The apparatus is packaged securely.
2. All components and accessories are included.
3. A copy of this letter is enclosed in the return package.

Shipping Address for Returns:

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

Should you have any questions or require additional assistance, please do not hesitate to contact us at [Your Phone Number] or [Your Email Address].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Company Phone Number]

[Your Company Email Address]