

Medical Device Return Authorization Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

To: [Recipient's Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a return authorization for the following medical device:

- Device Name: [Insert Device Name]
- Model Number: [Insert Model Number]
- Serial Number: [Insert Serial Number]
- Purchase Date: [Insert Purchase Date]

The device is being returned due to [briefly explain reason for return]. As per your return policy, I would like to request an authorization number to proceed with the return process.

Enclosed, please find a copy of the original purchase receipt and any additional documents necessary for the return.

I appreciate your prompt attention to this matter and look forward to your response.

Thank you.

Sincerely,

[Your Name]