Medical Product Return Authorization Form

Date: [Date]

To: [Company Name]

Address: [Company Address]

Subject: Return Authorization Request

Dear [Recipient's Name],

I am writing to request a return authorization for the medical product detailed below:

- **Product Name:** [Product Name]
- **Order Number:** [Order Number]
- **Purchase Date:** [Purchase Date]
- **Reason for Return:** [Reason for Return]

As per your return policy, I would appreciate your assistance in facilitating this return and providing me with the necessary return authorization number. I understand that the product must be returned in its original packaging and condition.

Please let me know if you require any additional information to process my request. I look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Address]

[Your Contact Information]