

Return Authorization Request

Date: [Insert Date]

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 tool:

Item Description Model Number Serial Number Purchase Date

[Item Description] [Model Number] [Serial Number] [Purchase Date]

Reason for Return: [Brief explanation of reason]

Please let me know the next steps in the return process and any information you may require from my side.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]