

Request for Medical Equipment Return Approval

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Position]

[Company/Hospital Name]

[Company/Hospital Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request approval for the return of medical equipment provided to me on [insert date the equipment was acquired]. The equipment in question includes [list the items to be returned], and the reason for the return is [briefly explain the reason, e.g., malfunction, no longer needed, etc.].

As per our agreement and the guidelines specified in the contract, I believe that I am eligible to return the equipment for the reasons outlined above. I have attached any necessary documentation to support this request.

I kindly ask for your prompt approval of this request so that I can proceed with the return process at your earliest convenience. Thank you for your attention to this matter.

Sincerely,

[Your Name]