

Return Authorization Briefing for Medical Instruments

Date: [Insert Date]

To: [Recipient Name]

From: [Your Name]

Subject: Return Authorization for Medical Instruments

Dear [Recipient Name],

We are writing to inform you about the return authorization process for the medical instruments listed below:

- Instrument Name: [Insert Name]
- Model Number: [Insert Model Number]
- Quantity: [Insert Quantity]
- Reason for Return: [Insert Reason]

Please package the items securely and include the original documentation. The return authorization number is [Insert Authorization Number]. This number must be referenced in all communications and on the return package.

Return shipping should be sent to the following address:

[Insert Return Address]

We appreciate your cooperation and look forward to resolving this matter promptly. If you have any questions or require further assistance, please do not hesitate to contact us at [Insert Contact Information].

Sincerely,

[Your Name]

[Your Position]

[Your Company]