

Return Authorization for Healthcare Equipment

Date: [Insert Date]

To: [Recipient's Name]

Company: [Recipient's Company]

Address: [Recipient's Address]

City, State, Zip: [Recipient's City, State, Zip]

Dear [Recipient's Name],

I am writing to request a return authorization for the healthcare equipment purchased on [Purchase Date] under [Order Number]. Due to [reason for return: defective item, incorrect order, etc.], we are unable to keep this equipment.

Please find the details of the equipment below:

- **Item Name:** [Item Name]
- **Model Number:** [Model Number]
- **Serial Number:** [Serial Number]
- **Purchase Date:** [Purchase Date]

I would appreciate it if you could provide me with a return authorization number and instructions on how to proceed with the return. Additionally, please inform me regarding any potential restocking fees or conditions that may apply.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Your Phone Number]

[Your Email Address]