

# Medical Device Retrieval Request

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Recipient's Address]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request the retrieval of the following medical device(s) that were previously distributed but are no longer needed:

- Device Name: [Insert Device Name]
- Model Number: [Insert Model Number]
- Serial Number: [Insert Serial Number]
- Quantity: [Insert Quantity]

This request is made in accordance with our previous agreement and relevant regulatory requirements. Please let us know the procedures to facilitate the retrieval process at your earliest convenience.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]