

Medical Device Return Notice

Date: [Date]

To: [Recipient Name]

Address: [Recipient Address]

Dear [Recipient Name],

This notice is to inform you that we have received your request to return the medical device listed below:

- Device Name: [Device Name]
- Model Number: [Model Number]
- Serial Number: [Serial Number]
- Purchase Date: [Purchase Date]

Please ensure that the device is returned in its original packaging and includes all accessories. The return shipment must be initiated by [Return Deadline].

If you have any questions or need further assistance, please do not hesitate to contact us at [Contact Information].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Contact Information]