

Medical Equipment Return Notification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

To: [Recipient's Name]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. This letter is to inform you about the scheduled return of medical equipment provided to me on [Insert Equipment Issue Date].

According to our agreement, the following equipment will be returned:

- [Equipment Name 1]
- [Equipment Name 2]
- [Equipment Name 3]

The return is scheduled for [Insert Return Date]. I will ensure that the equipment is in good condition and will be returned to the designated location at [Insert Return Location].

Please let me know if you need any additional information or if there are any specific instructions for the return process.

Thank you for your attention to this matter.

Sincerely,

[Your Name]