

Urgent Medical Equipment Return Notice

Date: [Insert Date]

To: [Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are writing to inform you about the urgent need to return the medical equipment that was issued to you on [Insert Issue Date]. This equipment is required for use by other patients and must be returned by [Insert Return Deadline].

Please ensure that the equipment is returned in good condition. If you have any questions or require assistance with the return process, do not hesitate to contact us at [Insert Contact Information].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Contact Information]