

# Drug Sample Return Approval Notice

Date: [Insert Date]

To: [Recipient's Name]  
[Recipient's Title]  
[Company Name]  
[Company Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to inform you that your request for the return of drug samples has been approved. Please find the details of the approved return below:

**Drug Name:** [Insert Drug Name]  
**Batch Number:** [Insert Batch Number]  
**Quantity:** [Insert Quantity]  
**Return Reason:** [Insert Reason for Return]

We kindly request you to ensure that the samples are returned by [Insert Return Deadline] to the following address:

[Return Address]  
[City, State, Zip Code]

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

Thank you for your cooperation.

Sincerely,

[Your Name]  
[Your Title]  
[Your Company]  
[Your Contact Information]