

Return Authorization for Pharmaceutical Samples

Date: [Insert Date]

[Your Name]
[Your Title]
[Your Company Name]
[Your Company Address]
[City, State, Zip Code]

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

Dear [Recipient's Name],

We are writing to inform you that we are requesting the return of the following pharmaceutical samples:

Sample Name	Batch Number	Quantity
[Sample Name 1]	[Batch Number 1]	[Quantity 1]
[Sample Name 2]	[Batch Number 2]	[Quantity 2]

The reason for this return request is as follows: [Insert Reason].

Please complete the return authorization process and provide us with a return shipping label at your earliest convenience. We appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Name]
[Your Title]
[Your Company Name]
[Your Phone Number]
[Your Email Address]