

# Equipment Return Acknowledgment

Date: [Insert Date]

To:

[Recipient's Name]

[Recipient's Position]

[Organization Name]

[Organization Address]

Dear [Recipient's Name],

We hereby acknowledge the return of medical equipment as detailed below:

Item Description	Serial Number	Quantity
[Item 1 Description]	[Serial Number 1]	[Quantity 1]
[Item 2 Description]	[Serial Number 2]	[Quantity 2]

All items have been received in good condition and have been processed into our inventory system. Thank you for your cooperation in returning the equipment promptly.

If you have any questions or need further assistance, please do not hesitate to contact us.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Your Contact Information]