

# Return Authorization Request

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a return authorization for a medical device purchased on [Purchase Date] under Order Number [Order Number]. Unfortunately, the device has [describe the issue or reason for return].

According to your return policy, I believe I am eligible for a return and would appreciate your assistance in initiating this process. The details of the device are as follows:

- Device Name: [Device Name]
- Model Number: [Model Number]
- Serial Number: [Serial Number]
- Purchase Order Number: [Order Number]

Please let me know the necessary steps to obtain the return authorization. If there are any specific forms or additional information required, do not hesitate to reach out.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Title/Position, if applicable]

[Your Company Name, if applicable]

[Your Contact Information]