

# Return Confirmation of Medical Equipment

Date: \_\_\_\_\_

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

We are writing to confirm the return of the following medical equipment:

- Equipment Name: \_\_\_\_\_
- Model Number: \_\_\_\_\_
- Serial Number: \_\_\_\_\_
- Return Date: \_\_\_\_\_

Thank you for your cooperation in this matter. If you have any questions, please feel free to contact us at [Your Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]