

# Request for Feedback on Returned Medical Products

Date: [Insert Date]

[Recipient's Name]

[Recipient's Position]

[Company/Organization Name]

[Address Line 1]

[Address Line 2]

Dear [Recipient's Name],

We hope this message finds you well. We are reaching out to request your valuable feedback regarding the medical products that were recently returned to us. Your insights are crucial in helping us understand the reasons behind the returns and to improve our product quality and customer satisfaction.

Specifically, we would appreciate your input on the following:

- The reason for returning the products
- Any issues encountered with product performance
- Suggestions for improvement

We value your perspective and are committed to learning from your experiences. Please feel free to provide any additional comments or concerns you may have.

Thank you for taking the time to assist us. Your feedback is immensely appreciated and will greatly contribute to our ongoing efforts to enhance the quality of our medical products.

We look forward to hearing from you soon.

Sincerely,

[Your Name]

[Your Position]

[Company/Organization Name]

[Contact Information]