

Return Process for Assistive Devices

Date: [Insert Date]

To: [Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

Subject: Return Process for Assistive Devices

We appreciate your recent purchase from [Company Name]. If you are not completely satisfied with your assistive device, we want to ensure your return process is as smooth as possible. Below are the steps you need to follow to return the item:

Return Instructions:

1. Ensure the device is in its original packaging and includes all accessories.
2. Complete the enclosed return form and include it in the package.
3. Securely package the device to prevent any damage during shipping.
4. Ship the package to the following address:

[Return Address]

Please note that returns must be initiated within [Insert Timeframe] days from the date of purchase.

If you have any questions regarding your return, feel free to contact our customer service team at [Contact Information]. We are here to assist you!

Thank you for choosing [Company Name]. We appreciate your understanding and look forward to serving you in the future.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Contact Information]