

Inquiry for Medical Alert System Features

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to inquire about the features of your medical alert system. As I am considering options for personal safety and health monitoring, understanding the capabilities of your system is essential.

Could you please provide information on the following features:

- Emergency response times
- Types of alerts and notifications available
- Device specifications (e.g., wearable options)
- Battery life and recharge options
- Monthly costs and contract terms

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]