

Medical Equipment Maintenance Notification

Date: [Insert Date]

To: [Insert Recipient's Name]
[Insert Recipient's Position]
[Insert Facility Name]
[Insert Facility Address]

Dear [Recipient's Name],

This letter serves to notify you that scheduled maintenance for the following medical equipment will take place on [Insert Maintenance Date]:

- Equipment Type: [Insert Equipment Type]
- Serial Number: [Insert Serial Number]
- Maintenance Duration: [Insert Duration]

The maintenance is essential to ensure that the equipment operates safely and efficiently, in compliance with regulatory standards.

Please ensure that the equipment is not in use during the maintenance period. If you have any questions or require further assistance, do not hesitate to contact us at [Insert Contact Information].

Thank you for your cooperation.

Sincerely,

[Your Name]
[Your Position]
[Your Company]
[Your Contact Information]