

# Application for Medical Equipment Rental Agreement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

[Recipient Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to formally request a rental agreement for necessary medical equipment to assist me in my recovery post-surgery. I recently underwent [Specify Type of Surgery] on [Insert Date of Surgery], and I will require use of the following equipment to support my rehabilitation:

- [List the required medical equipment, e.g., wheelchair, walker, etc.]
- [Additional items, if necessary]

I understand that your company provides quality rental services, and I am eager to work together to facilitate my recovery process. Please let me know the requirements, rental terms, and any necessary documentation needed to process my application.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]