

Request 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 request the rental of specific medical equipment to assist with at-home care for [Patient's Name], who is currently under my care.

The requested equipment includes:

- [Equipment 1]
- [Equipment 2]
- [Equipment 3]

Please provide the terms and conditions for the rental agreement, including rental fees, duration, and any necessary documentation required to proceed.

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

Sincerely,

[Your Name]