

Warranty Extension Inquiry

Date: **[Insert Date]**

To,

Customer Service Department
[Manufacturer's Name]
[Manufacturer's Address]
[City, State, Zip Code]

Dear Sir/Madam,

I hope this message finds you well. I am writing to inquire about the possibility of extending the warranty for my medical device, **[Device Name]**, with the serial number **[Serial Number]**, which I purchased on **[Purchase Date]**.

The original warranty is set to expire on **[Expiration Date]**, and I would like to know if there are any options available for an extension, including any associated costs and terms.

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

Sincerely,
[Your Name]
[Your Address]
[Your City, State, Zip Code]
[Your Email]
[Your Phone Number]