

# Return Statement for Defective Medical Equipment

Date: [Insert Date]

To: [Supplier/Manufacturer Name]

Address: [Supplier/Manufacturer Address]

City, State, Zip: [City, State, Zip]

Dear [Supplier/Manufacturer Contact Name],

I am writing to formally notify you of the return of defective medical equipment received under Invoice Number: [Insert Invoice Number]. The details of the equipment are as follows:

- Product Name: [Insert Product Name]
- Model Number: [Insert Model Number]
- Serial Number: [Insert Serial Number]
- Purchase Date: [Insert Purchase Date]

The equipment was found to have the following defects:

- [Describe Defect 1]
- [Describe Defect 2]

Per our agreement and your return policy, I request instructions on how to proceed with the return of this equipment. Additionally, please provide information regarding the warranty or replacement process.

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

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]