

Medical Device Return Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Request for Refund for Returned Medical Device

Dear [Customer Service>Returns Department],

I am writing to formally request a refund for the medical device I purchased on [Insert Purchase Date], with the order number [Insert Order Number]. I have decided to return the device due to [reason for return].

The device is in its original packaging and has not been used. I am including all necessary documentation for the return, including a copy of the receipt and any warranty information.

Please let me know the next steps in the return process. I would appreciate your prompt response regarding the refund timeline.

Thank you for your attention to this matter.

Sincerely,

[Your Name]