

# Medical Equipment Return and Exchange Request

To: [Recipient Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Date: [Insert Date]

Dear [Recipient Name],

I am writing to formally request the return and exchange of medical equipment that I received on [Insert Date of Receipt]. The details of the equipment are as follows:

- Item Name: [Insert Item Name]
- Model Number: [Insert Model Number]
- Order Number: [Insert Order Number]

Unfortunately, the item has [describe the issue or reason for return]. According to your return policy, I believe I am eligible for an exchange/refund.

Please let me know the next steps in processing this request. I look forward to your prompt response.

Thank you for your attention to this matter.

Best regards,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]