

Medical Equipment Return Authorization Request

Date: [Insert Date]

To: [Company Name]

Address: [Company Address]

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

Dear [Recipient's Name],

I am writing to request authorization for the return of medical equipment that was purchased from your company on [Purchase Date]. The details of the equipment are as follows:

- Product Name: [Product Name]
- Model Number: [Model Number]
- Serial Number: [Serial Number]
- Purchase Order Number: [Order Number]

The reason for the return is [Reason for Return]. According to your return policy, I believe I am eligible for a full refund/replacement.

Please provide me with the necessary return authorization and instructions on how to proceed with the return process.

Thank you for your assistance in this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip]

[Your Phone Number]

[Your Email Address]