

Request for Medical Device Return Instructions

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To: [Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request instructions for the return of a medical device that I purchased from your company on [Purchase Date]. The device details are as follows:

Device Name: [Device Name]

Model Number: [Model Number]

Order Number: [Order Number]

Unfortunately, I am unable to keep the device due to [reason for return]. I would appreciate it if you could provide me with the return instructions, including any necessary forms or shipping labels.

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

Sincerely,

[Your Name]