

# Return Procedure Request

Date: [Insert Date]

To: [Supplier's Name]

Address: [Supplier's Address]

From: [Your Name]

Address: [Your Address]

Subject: Request for Return of Medical Supplies

Dear [Supplier's Name],

I am writing to formally request the return of medical supplies that were delivered to our facility on [Insert Delivery Date]. Upon inspection, we have determined that the following items are unsuitable for use:

- [Item 1 - Description and Quantity]
- [Item 2 - Description and Quantity]
- [Item 3 - Description and Quantity]

The reason(s) for the return include:

1. [Reason for Item 1]
2. [Reason for Item 2]
3. [Reason for Item 3]

We would appreciate your guidance on the return procedure and any necessary documentation that needs to be completed. Please let us know if you require any additional information regarding this request.

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

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]