

Return Request for Faulty Medical Equipment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Customer Service

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear Customer Service,

I am writing to request the return of a faulty medical equipment item that I purchased from your company on [Insert Purchase Date]. The details of the item are as follows:

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

Unfortunately, the equipment has not functioned as expected, and I have encountered the following issues:

- [Describe the issue with the equipment]
- [Describe any troubleshooting steps already taken]

Under your return policy, I would like to initiate a return for this equipment. Please let me know the necessary steps and any associated return shipping instructions.

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

Sincerely,

[Your Name]