

Return Request for Surplus Medical Equipment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Recipient Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request the return of surplus medical equipment that is no longer needed in our facility. The details of the equipment are as follows:

- Equipment Name: [Insert Equipment Name]
- Model/Serial Number: [Insert Model/Serial Number]
- Quantity: [Insert Quantity]
- Condition: [Insert Condition]

We appreciate the support your organization has provided, and we believe the return of this equipment is in the best interest of both parties. Please let us know the steps we need to take to facilitate the return process.

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

Sincerely,

[Your Name]

[Your Title]

[Your Organization]