

Refund Request Due to Medical Emergency

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number

Date: [Insert Date]

Recipient Name
Company Name
Company Address
City, State, Zip Code

Dear [Recipient Name],

I am writing to formally request a refund for [specific product/service] purchased on [purchase date]. Unfortunately, due to a medical emergency that occurred on [date of emergency], I was unable to utilize the service.

Attached, please find relevant documentation, including medical records and any correspondence regarding my situation. I hope you can understand the circumstances and grant me a full refund.

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

Sincerely,
[Your Name]