

Refund Request Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a refund for [product/service] purchased on [purchase date], as recommended by my doctor. Due to [briefly explain the medical condition and advice], I was advised to discontinue the use of this [product/service].

Order Number: [Insert Order Number]

According to your refund policy, I believe I am eligible for a full refund based on the circumstances outlined. I have attached a copy of the doctor's note for your reference.

Please let me know the steps necessary to process this refund. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your understanding.

Sincerely,

[Your Name]