

# Refund Request for Medical Reasons

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Company's Name]

[Company's Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally request a refund for [specific service/product] I purchased on [purchase date]. Due to unforeseen medical circumstances, I am unable to utilize the service/product.

Enclosed are the relevant documents, including my medical certificate and purchase receipt, that support my request.

I appreciate your understanding in this matter and look forward to your prompt response. Please feel free to contact me at [your phone number] or [your email address] should you need any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]