

# Refund Request due to Health Complications

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally request a refund for [product/service name] that I purchased on [purchase date]. Due to unforeseen health complications, I am unable to use the product/service as initially intended.

I have attached the relevant documentation, including a medical certificate confirming my health condition, as well as a copy of my purchase receipt.

I appreciate your understanding of my situation and kindly request that you process my refund at your earliest convenience. Please feel free to contact me at [your phone number] or [your email] should you require any additional information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]