### horizontal line**Doctor Return Delivery Note**

**Sender Details:**

* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Hospital/Clinic Name: \_\_\_\_\_\_\_\_
* Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* City, State, ZIP Code: \_\_\_\_\_\_\_
* Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recipient Details:**

* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Hospital/Clinic Name: \_\_\_\_\_\_\_\_
* Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* City, State, ZIP Code: \_\_\_\_\_\_\_
* Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctor Return Note Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date of Issue:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Reason for Return:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Returned Items/Details**

| **Item No.** | **Description** | **Quantity** | **Condition** | **Remarks** |
| --- | --- | --- | --- | --- |
| 1 | [Item Name/Description] | [Quantity] | [Condition] | [Remarks] |
| ... |  |  |  |  |

**Acknowledgment of Receipt:**I hereby confirm receipt of the returned items as described above.

**Recipient’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_