

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: _____