

# Medical Device Safety Concern Correspondence

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Position]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to express my concerns regarding the safety of [specific medical device name], which I believe may pose health risks to patients.

On [date of incident/issue], I encountered [describe the specific issue or incident related to the medical device]. This has raised serious concerns about [explain the potential risks or impacts].

I urge your organization to investigate this matter thoroughly and take appropriate actions to ensure the safety and effectiveness of the device. Additionally, it would be invaluable to provide information on how you plan to address these safety concerns.

Thank you for your attention to this critical issue. I look forward to your prompt response.

Sincerely,

[Your Name]