

Recall Notification Letter

Date: [Insert Date]

To: [Healthcare Provider's Name]

[Healthcare Provider's Address]

Subject: Important Recall Information Regarding [Product Name]

Dear [Healthcare Provider's Name],

We are writing to inform you about a voluntary recall of [Product Name], which may pose a risk to patient safety. This recall affects the following lot numbers: [Insert Lot Numbers].

Reason for Recall

[Provide a brief description of the reason for the recall, including any potential health risks associated with the product.]

Actions Required

Please take the following actions:

- Immediately discontinue use of the affected product.
- Inform your staff and any patients who may have received the product.
- Return all unused product from the affected lot to our facility.

Contact Information

If you have any questions or require further assistance, please contact [Contact Name] at [Phone Number] or [Email Address].

We apologize for any inconvenience this may cause and appreciate your immediate attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]