

Formal Notification of Product Withdrawal

Date: [Insert Date]

[Recipient Name]

[Recipient Title]

[Recipient Company]

[Recipient Address]

Dear [Recipient Name],

We are writing to formally notify you that [Company Name] has made the decision to withdraw the pharmaceutical product, [Product Name], from the market effective [Effective Date]. This decision has been made in compliance with regulatory guidelines and due to [reason for withdrawal, e.g., safety concerns, manufacturing issues, etc.].

We understand the impact this may have on patients and healthcare providers, and we are committed to ensuring a seamless transition. We will provide support for the discontinuation process, including [mention any support/strategies you will provide, if applicable].

We appreciate your understanding and cooperation during this time. Should you have any questions or require further information, please do not hesitate to contact us at [Contact Information].

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[Contact Information]