

Immediate Recall Notice for Medication

Date: [Insert Date]

[Your Name]

[Your Title]

[Your Organization]

[Organization Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

Dear [Recipient's Name],

We are writing to inform you of an important matter regarding the medication [Medication Name] with lot number [Lot Number]. Due to [reason for recall], we are recalling this product immediately.

We request that you cease use of the affected medication immediately and return any remaining stock to us at your earliest convenience. Please follow the outlined procedure for returning the recalled medication:

- Contact us at [phone number/email] to initiate the return process.
- Ensure the medication is stored securely until return.
- Complete the attached recall form and include it with the return shipment.

Your safety and well-being are our utmost priority. We apologize for any inconvenience this may cause and appreciate your cooperation on this matter.

Thank you for your immediate attention to this urgent issue.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]