

# Official Recall Statement

Date: [Insert Date]

[Insert Company Name]

[Insert Company Address]

[Insert City, State, Zip Code]

To: [Insert Recipient's Name]

[Insert Recipient's Title]

[Insert Recipient's Company Name]

[Insert Recipient's Address]

[Insert City, State, Zip Code]

Dear [Insert Recipient's Name],

We are writing to inform you of a voluntary recall of the following pharmaceutical product(s):

- Product Name: [Insert Product Name]
- Lot Number: [Insert Lot Number]
- Expiration Date: [Insert Expiration Date]

This recall is being initiated due to [insert reason for recall, e.g., contamination, labeling error, etc.]. We take this matter very seriously and are dedicated to ensuring the safety and quality of our products.

We kindly request that you cease the distribution and sale of the recalled product immediately, and return any remaining stock to us using the return instructions provided below:

## Return Instructions

[Insert detailed return instructions]

If you have sold or distributed this product, please notify your customers and inform them of the recall.

We sincerely apologize for any inconvenience this may cause and appreciate your cooperation in this matter. If you have any questions or require further information, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your prompt attention to this urgent matter.

Sincerely,

[Insert Your Name]

[Insert Your Title]

[Insert Company Name]

[Insert Company Contact Information]