

Drug Obsolescence Notice

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to inform you that the following drug will be discontinued due to obsolescence:

Product Name: [Insert Drug Name]

Strength: [Insert Strength]

Dosage Form: [Insert Dosage Form]

National Drug Code (NDC): [Insert NDC]

This decision has been made due to [brief explanation of the reason for obsolescence]. The last date for orders of the aforementioned product will be [Insert Last Order Date]. After this date, the product will no longer be available.

We understand the impact this may have on your practice and are committed to assisting you during this transition. If you have any questions or require further assistance, please do not hesitate to reach out.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Your Company]

[Your Contact Information]