

# Notice of Drug Phase-Out

Date: [Insert Date]

Dear [Recipient's Name],

We are writing to inform you of an important decision regarding the phase-out of the following drug:

- Drug Name: [Insert Drug Name]
- Batch Numbers: [Insert Batch Numbers]
- Effective Date of Phase-Out: [Insert Date]

This decision has been made in light of [brief explanation of reasons, e.g., safety concerns, lack of efficacy, etc.]. We want to assure you that this action is taken with the utmost concern for safety and health.

Please ensure that all current inventories are managed appropriately. Any outstanding prescriptions and patient needs will be addressed during this transition period. We recommend contacting our customer service department at [Insert Phone Number] or [Insert Email Address] for assistance.

We appreciate your understanding and cooperation in this matter. Thank you for your continued support.

Sincerely,

[Your Name]

[Your Position]

[Your Company or Organization]

[Contact Information]