

# Notice of Pharmaceutical Product Discontinuation

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We regret to inform you that [Product Name], a pharmaceutical product manufactured by [Company Name], will be discontinued effective [Discontinuation Date].

This decision has been made due to [reason for discontinuation, e.g., low demand, production issues, etc.]. We understand that this may cause inconvenience, and we are committed to ensuring a smooth transition for our customers.

We recommend that you consider alternative products such as [Alternative Product Names]. Our team is available to assist you in identifying suitable replacements and addressing any concerns.

Please feel free to reach out to us at [Contact Information] if you have any questions or need further assistance.

Thank you for your understanding and support over the years.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Contact Information]