

Pharmaceutical Withdrawal Notice

Date: [Insert Date]

To: [Recipient Name]

Position: [Recipient Position]

Company: [Recipient Company]

Address: [Recipient Address]

Dear [Recipient Name],

We are writing to formally notify you of the withdrawal of our pharmaceutical product, [Product Name], which will be effective on [Effective Date]. This decision has been made due to [Reason for Withdrawal].

We advise that any remaining stock of the product should be removed from your shelves and returned to us by [Return Date]. Please ensure that all marketing materials related to [Product Name] are also withdrawn.

We regret any inconvenience this may cause and appreciate your understanding and cooperation in this matter.

If you have any questions or require further information, please do not hesitate to contact us at [Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Your Contact Information]