

Medicine Supply Shortage Notification

Date: [Insert Date]

To: [Healthcare Provider Name]

[Healthcare Provider Address]

Dear [Healthcare Provider Name],

We are writing to inform you of a current shortage of [Medicine Name] due to [brief explanation of the cause, e.g., manufacturing issues, increased demand]. This shortage may affect the availability of the medication for your patients who require it.

We recommend considering alternative treatment options where appropriate and encourage you to monitor your stock levels closely. Our team is working diligently to resolve this situation and will keep you updated on any changes regarding the supply.

If you have any questions or need assistance in finding alternatives, please do not hesitate to contact us at [Your Contact Information].

Thank you for your understanding and cooperation during this challenging time.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Your Organization Contact Information]