

# Letter to Local Pharmacies

Date: [Insert Date]

To: [Pharmacy Name]

Address: [Pharmacy Address]

Dear [Pharmacy Owner/Manager's Name],

We hope this letter finds you well. We are reaching out to inform you of a current shortage of specific medications that may impact your pharmacy services and patient care.

Over the past few weeks, we have observed a significant decrease in the availability of the following medications:

- [Medication Name 1]
- [Medication Name 2]
- [Medication Name 3]

We understand that this shortage may affect your ability to meet the needs of your patients. We are committed to supporting you during this time and would like to offer our assistance in sourcing alternatives and providing timely updates on inventory status.

To facilitate smoother communication, please feel free to reach out to us with any specific concerns or requests you may have. We appreciate your dedication to providing quality care to our community.

Thank you for your understanding and cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

Contact: [Your Phone Number]

Email: [Your Email Address]