

Medicine Supply Shortage Warning

Date: [Insert Date]

To: [Pharmacy Manager's Name]

From: [Your Name]

Subject: Notice of Medicine Supply Shortage

Dear [Pharmacy Manager's Name],

We are writing to inform you of an ongoing shortage of critical medicines that may impact your pharmacy operations. As of [insert date of the report], we have encountered significant supply issues for the following medications:

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

We recommend that you review your current inventory levels and consider alternative medications where possible. Please be assured that we are actively working with suppliers to resolve these shortages and will keep you updated on any developments.

For further assistance, do not hesitate to reach out to our support team at [insert contact information].

Thank you for your understanding and cooperation during this time.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]