

Medication Recall Acknowledgment and Refund Process

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We are writing to inform you about a recent recall of a medication you have purchased. This recall is due to [insert reason for recall]. Your safety is our utmost priority.

As part of our recall process, we kindly ask that you:

- Cease the use of the recalled medication immediately.
- Return any unused medication to your pharmacy or mail it back to us at the address listed below.

Additionally, we will initiate a full refund for your purchase. Please provide us with a copy of your receipt or any proof of purchase by [insert method of providing proof, e.g., email, mail]. Refunds will be processed within [insert processing time].

If you have further questions or require assistance, please do not hesitate to contact us at:

Email: [Insert Email]

Phone: [Insert Phone Number]

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Position]

[Company/Organization Name]

[Company Address]