

Important Notification Regarding Your Medication

Date: [Insert Date]

Dear [Recipient's Name],

We are contacting you to inform you about a recent recall of the medication [**Medication Name**] (Lot Number: [Lot Number]). This action has been taken due to [brief reason for recall]. Your safety is our highest priority.

If you have consumed this medication, we strongly recommend that you consult your healthcare provider immediately. We are committed to supporting you through this process.

Compensation Offer

As a gesture of goodwill and in recognition of the inconvenience caused, we are offering compensation of [**Compensation Amount**]. To redeem this offer, please follow these steps:

1. Return any remaining product to the point of purchase.
2. Complete the attached compensation form.
3. Submit the form along with any receipts or proof of purchase by [insert deadline].

We apologize for any distress this situation may have caused and appreciate your understanding and cooperation. If you have any questions, please do not hesitate to contact our customer service team at [Contact Information].

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[Company Phone Number]