

Medication Recall Notification

Date: [Insert Date]

[Your Organization Name]

[Your Organization Address]

[City, State, Zip Code]

Attention: [Recipient's Name]

Subject: Important Recall Notice for [Medication Name]

Dear [Recipient's Name],

We are writing to inform you that [Medication Name], lot number [Lot Number], is being recalled due to [reason for recall, e.g., contamination, incorrect dosage]. This action is being taken to ensure the safety and health of our patients.

Health Impact Statement

We understand that you may have been impacted by this issue. Our records indicate that you received [Medication Name]. While we believe the risk is low, we recommend that you cease using the product immediately and consult your healthcare provider for alternative treatment options.

If you have experienced any adverse effects as a result of using this medication, please contact your healthcare provider for guidance.

For further information, please contact our customer service at [Phone Number] or visit our website at [Website URL].

We apologize for any inconvenience this may cause and appreciate your understanding as we prioritize your health and safety.

Sincerely,

[Your Name]

[Your Position]

[Your Organization Name]

[Contact Information]