Medication Recall Assurance

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

We are writing to inform you about a recent recall of [Medication Name] due to [reason for recall, e.g., potential contamination, labeling error]. Your health and safety are our top priorities, and we are taking all necessary steps to ensure that you are informed and protected.

Please refrain from using the affected medication, which was distributed between [distribution dates]. If you have any bottles of the recalled medication, please return them to your pharmacy for a full refund.

For further assurance, we confirm that the recall is a precautionary measure, and we have identified and mitigated the underlying issue.

If you have any questions or concerns, please do not hesitate to reach out to our customer support team at [Phone Number] or [Email Address]. We are here to assist you.

Thank you for your understanding and cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Company Contact Information]