

Medication Recall Notification

Date: [Insert Date]

Dear [Recipient's Name],

We are writing to inform you about a recall of the medication [Drug Name], lot number [Lot Number], manufactured by [Manufacturer Name]. This decision has been made in conjunction with the [Regulatory Authority] due to [reason for recall, e.g., potential safety issue].

We urge you to stop using the recalled medication and return it to your pharmacy or healthcare provider as soon as possible. Please ensure that you follow the instructions below:

1. Do not use any remaining product from the recalled lot.
2. Contact your healthcare provider to discuss alternative treatment options.
3. Return the product to the place of purchase or follow local guidelines for disposal.

Compliance Pledge

To ensure your safety and adherence to this recall, we kindly ask you to sign and return the compliance pledge below:

I, [Your Name], hereby acknowledge receipt of the medication recall notification regarding [Drug Name] and pledge to comply with the outlined instructions.

Signature: [Your Signature]

Date: [Insert Date]

If you have any questions or need further assistance, please do not hesitate to contact us at [Contact Information].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]