

# Important Medication Recall Notification

Date: [Insert Date]

Dear [Recipient's Name],

We are writing to inform you of a voluntary recall of [Medication Name] due to [reason for recall, e.g., contamination, labeling error]. Your safety is our utmost priority, and we would like to provide you with important information regarding this matter.

## Reason for Recall

[Provide a detailed explanation of the reasons for the recall, including any relevant data or incidents that led to this decision.]

## Safety Measures

To ensure your safety, we recommend the following steps:

- Immediately discontinue use of [Medication Name].
- Return any remaining medication to your pharmacy for a full refund.
- Consult your healthcare provider for alternative treatment options if necessary.
- If you experience any adverse effects or have concerns, please seek medical attention promptly.

## Contact Information

If you have any questions or require additional information, please feel free to contact us at [Contact Number] or [Email Address].

Thank you for your understanding and cooperation.

Sincerely,

[Your Name]

[Your Title]

[Company/Organization Name]

[Address]

[Phone Number]