

# Medication Recall Follow-up

Date: [Insert Date]

Dear [Patient's Name],

We are writing to follow up regarding the recent recall of [Medication Name]. Your health and safety are our top priority, and we want to ensure that you have all the necessary information and support.

Please take the following steps:

- Discontinue use of [Medication Name] immediately.
- Check your medication supply for any affected lot numbers: [Insert Lot Numbers].
- Contact your pharmacist or healthcare provider for alternatives.

For further assistance, please reach out to the following resources:

- Customer Service: [Insert Phone Number]
- Website for updates: [Insert Website URL]
- Your local pharmacy: [Insert Pharmacy Contact Information]

If you have any questions or concerns, don't hesitate to contact us. We are here to support you during this time.

Sincerely,

[Your Name]

[Your Job Title]

[Your Organization Name]

[Contact Information]