

Important Medication Recall Information

Date: [Insert Date]

Dear [Recipient's Name],

We are writing to inform you of a voluntary recall of the medication [Medication Name] due to [reason for recall, e.g., contamination, incorrect labeling]. Your health and safety are our top priority.

Details of the Recall:

- **Medication Name:** [Medication Name]
- **Batch Number:** [Batch Number]
- **Expiration Date:** [Expiration Date]

Recommended Preventive Action:

Please discontinue use of this medication immediately and return any remaining tablets to your pharmacy for a full refund.

For any questions or concerns, please contact [Company Contact Information] or your healthcare provider. Your cooperation is greatly appreciated.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Contact Information]