

Important Medication Recall Notification

Date: [Insert Date]

Dear [Patient's Name],

We are writing to inform you about a recent recall of a specific medication that may affect you. The medication, [Medication Name], has been recalled due to [reason for recall]. Your safety is our top priority, and we want to reassure you that we are taking this matter very seriously.

If you have been prescribed this medication, we recommend that you stop taking it immediately. Please contact our office at [Office Phone Number] or [Office Email] to discuss alternative treatment options. We will work with you to ensure that you receive appropriate care.

For additional information about the recall and specific instructions, you can visit [Link to Recall Information].

Thank you for your understanding and cooperation. Your health and safety are of utmost importance to us. Please do not hesitate to reach out if you have any questions or concerns.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Institution Name]

[Contact Information]