

Medication Shelf Life Clarification

[Your Name]

[Your Position]

[Your Organization]

[Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Position]

[Recipient's Organization]

[Recipient's Address]

[Recipient's City, State, Zip Code]

Dear [Recipient's Name],

I am writing to clarify the shelf life of [insert medication name] as per our recent discussions. It is essential to ensure that all parties involved understand the appropriate handling and expiration dates associated with this medication.

The shelf life of [insert medication name] is [insert shelf life duration, e.g., 24 months] from the date of manufacture, provided that it is stored under recommended conditions. Please ensure that this information is communicated to all relevant personnel to avoid any potential issues with medication efficacy.

If you have any questions or require further information, please do not hesitate to contact me at [your phone number] or [your email address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]