

# Expiration Policy Notification

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Company Name]

[Company Address]

Dear [Recipient's Name],

We are writing to inform you about our pharmaceutical product expiration policy, which is crucial for ensuring the safety and efficacy of our products.

As part of our commitment to quality, all pharmaceutical products distributed by [Your Company Name] will have a specified expiration date clearly marked on the packaging. It is imperative that these products are used or disposed of prior to the expiration date to maintain their integrity and effectiveness.

In the event a product nears its expiration date, we encourage you to take the following actions:

- Review your inventory regularly to identify products approaching expiration.
- Notify your customers of any products that will expire soon.
- Dispose of expired products in accordance with local regulations.

If you have any questions regarding our expiration policy or require assistance, please do not hesitate to contact us at [Your Contact Information].

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]