

Critical Medication Recall Advisory

Date: [Insert Date]

To: [Healthcare Provider/Pharmacy Name]

Address: [Insert Address]

Dear [Recipient's Name],

We are writing to inform you of a critical recall of [Medication Name], distributed by [Manufacturer's Name]. This recall has been initiated due to [brief explanation of the reason for the recall, e.g., contamination, labeling error, health risks].

The affected lot numbers are: [List affected lot numbers]. Please review your inventory and immediately cease dispensing these products.

Patients who have received this medication should be advised to [provide any necessary instructions, such as consult a physician or return the medication]. We recommend that you follow your internal protocols for notifying patients and managing their care.

If you have any questions or require further assistance, please contact our recall support team at [Insert Contact Information].

Thank you for your immediate attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]