

Medication Recall Alert

Date: [Insert Date]

To: [Healthcare Provider's Name]

[Healthcare Provider's Address]

Dear [Healthcare Provider's Name],

This letter serves to inform you of a recent recall concerning a medication that may affect patients under your care. The following product has been recalled:

- **Product Name:** [Insert Product Name]
- **Lot Number:** [Insert Lot Number]
- **Reason for Recall:** [Insert Reason]
- **Date of Recall Announcement:** [Insert Date]

Please review your inventory and take the necessary steps to remove this product from your facility. Additionally, we recommend notifying any patients who may have been prescribed this medication.

If you require further information or assistance regarding this recall, please contact [Insert Contact Information].

Thank you for your prompt attention to this urgent matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]