

# Patient Safety Medication Recall Notification

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Dear [Patient Name],

We are contacting you to inform you about an important safety issue regarding a medication you have been prescribed. The [Insert Medication Name], which you may have received on [Insert Date of Prescription], is being recalled due to [briefly explain the reason for the recall, e.g., potential contamination, incorrect dosage information, etc.].

Your safety is our top priority, and we recommend that you stop using this medication immediately.

Please return any unused portions of the medication to our pharmacy or dispose of it according to the guidelines provided by your local pharmacy. If you have any questions or concerns, or if you need assistance with an alternative medication, please do not hesitate to contact us at [Insert Phone Number] or [Insert Email Address].

Thank you for your attention to this critical matter. We appreciate your cooperation as we work to ensure your safety.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]