

# Medication Recall Instructions

Date: [Insert Date]

Dear [Patient's Name],

We are writing to inform you about a recall of a medication you have recently obtained from our pharmacy. The details are as follows:

## Medication Information

**Name:** [Medication Name]

**Dosage Form:** [Dosage Form]

**Lot Number:** [Lot Number]

**Expiration Date:** [Expiration Date]

## Reason for Recall

[Describe the reason for the recall, including any safety concerns or side effects associated with the product.]

## Instructions for Patients

1. Do not consume the affected medication.
2. Return the medication to our pharmacy at your earliest convenience.
3. If you have any remaining doses of this medication, dispose of it properly.
4. Contact your healthcare provider for alternative treatment options if necessary.
5. Feel free to reach out to us if you have any questions or concerns.

## Contact Information

If you have questions regarding this recall, please contact us at:

**Phone:** [Pharmacy Phone Number]

**Email:** [Pharmacy Email Address]

We apologize for any inconvenience this may cause and appreciate your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Pharmacy Name]

[Pharmacy Address]