

Physician Medication Recall Update

Date: [Insert Date]

To: [Physician's Name]

From: [Your Name]

Subject: Important Medication Recall Notification

Dear [Physician's Name],

I am writing to inform you about a recent recall of a medication that may affect your patients.

Medication Name: [Insert Medication Name]

Manufacturer: [Insert Manufacturer Name]

Reason for Recall: [Insert Reason]

Batch/Lot Numbers: [Insert Batch/Lot Numbers]

Members of your practice should review their patients' prescriptions and advise them accordingly. We recommend contacting affected patients to discuss alternative therapies where necessary.

Please feel free to reach out if you require any additional information or assistance regarding this matter.

Thank you for your attention to this important issue.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]