

Urgent Medication Recall Notification

Date: [Insert Date]

Dear [Recipient's Name],

We are writing to inform you of an urgent recall of the following medication:

Product Name: [Medication Name]

Batch Number: [Batch Number]

Reason for Recall: [Reason for the recall]

It is important that you cease using this medication immediately and return any remaining product to your local pharmacy or dispose of it following your pharmacy's guidelines.

If you have any questions or concerns, please contact our customer service team at [Contact Information].

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

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]