

# Voluntary Medication Recall Notification

Date: [Insert Date]

To: [Insert Recipient's Name]

[Insert Recipient's Address]

Dear [Recipient's Name],

We are writing to inform you of a voluntary recall of the following medication:

**Medication Name:** [Insert Medication Name]

**Lot Number:** [Insert Lot Number]

**Expiration Date:** [Insert Expiration Date]

This action is being taken due to [insert reason for recall, e.g., quality concerns, labeling issues]. As a precaution, we advise that you stop using this medication immediately.

Please return any unused medication to [insert return address or instructions]. We will issue a refund or replacement upon receipt.

If you have any questions or require further assistance, please do not hesitate to contact our customer service at [insert contact information].

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

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Company Contact Information]