

# Chronic Pain Wellness Supplement Audit

Date: \_\_\_\_\_

To: [Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are conducting an audit of the chronic pain wellness supplements available in the market and would like to request your assistance. The purpose of this audit is to evaluate the effectiveness, safety, and consumer satisfaction of these products.

Please provide the following information regarding your chronic pain wellness supplement:

- Product Name:
- Ingredients:
- Dosage Instructions:
- Clinical Studies or Trials:
- Customer Testimonials:
- Any known side effects:

Your input is crucial in helping us ensure the quality and efficacy of chronic pain management solutions. We appreciate your cooperation in providing this information by [response deadline].

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]