

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: IMPORTANT: Mandatory Influenza Vaccine Recall Notice

Dear [Patient Name],

Our records indicate that you have a chronic health condition and recently received an influenza vaccine at our facility on [Date of Vaccination].

We are writing to inform you that the manufacturer has issued a voluntary recall for the specific lot number used during your appointment ([Lot Number]). This recall is due to [Brief Reason: e.g., a potential decrease in potency / a packaging irregularity].

What this means for you:

The primary concern is that the vaccine may not provide the full level of protection expected. Because your chronic condition puts you at a higher risk for flu-related complications, it is important that you receive an effective dose.

Action required:

- Please contact our office at [Phone Number] immediately to schedule a repeat vaccination.
- This replacement vaccine will be provided to you at no cost.
- Consult with your primary care physician if you have experienced any unusual symptoms since your last injection.

We apologize for this inconvenience and are committed to ensuring your continued health and safety.

Sincerely,

[Name of Clinic/Provider]

[Contact Information]

[Address]