

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

URGENT: IMPORTANT DRUG RECALL NOTICE

Dear [Patient Name],

We are writing to inform you of a voluntary recall issued by [Manufacturer Name] regarding the following medication currently listed in your routine profile:

- **Medication Name:** [Drug Name and Strength]
- **NDC Number:** [0000-0000-00]
- **Lot Number(s):** [Lot Number]
- **Expiration Date:** [MM/YYYY]

Reason for Recall:

This recall has been initiated due to [Reason for Recall, e.g., potential contamination, labeling error, sub-potency].

Required Actions:

1. **Check Your Supply:** Compare the Lot Number on your medication bottle with the information listed above.
2. **Consult Your Healthcare Provider:** Contact your doctor immediately to discuss a replacement prescription or alternative treatment. Do not stop taking your medication without consulting a professional if doing so poses an immediate health risk.
3. **Return the Medication:** Please return any affected medication to [Pharmacy Name/Address] for proper disposal and to process your [Refund/Replacement].

Health Concerns:

If you have experienced any problems that may be related to taking this medication, please contact your physician or healthcare provider immediately. You may also report adverse reactions to the FDA's MedWatch Program at 1-800-FDA-1088.

We apologize for any inconvenience this may cause. Your safety is our primary concern.

Sincerely,

[Sender Name/Pharmacist Name]

[Pharmacy/Clinic Name]

[Phone Number]