

URGENT: MEDICAL DEVICE RECALL NOTICE

Date: [Insert Date]

To: [Patient Name]

Address: [Patient Address]

Date of Birth: [Patient DOB]

Patient ID: [Patient ID Number]

Dear [Patient Name],

We are writing to inform you of an urgent medical device recall issued by [Manufacturer Name] regarding your implanted pacemaker (Model: [Model Number], Serial: [Serial Number]).

Our records indicate that you are currently implanted with a device affected by this notice. The manufacturer has identified a potential issue regarding [briefly state issue, e.g., battery depletion / software error] that requires immediate evaluation by your clinical team.

Required Action:

- Please contact the Cardiology Department at [Phone Number] immediately to schedule an urgent device check.
- If you experience any symptoms such as dizziness, fainting, shortness of breath, or chest pain, please seek emergency medical attention or call 911 (or local emergency services) immediately.
- Do not attempt to alter your medication or device settings yourself.

Your appointment has been tentatively scheduled for:

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic/Hospital Name and Suite]

If you cannot make this time, please call us at [Phone Number] to reschedule as a matter of priority.

The purpose of this review is to ensure your device is functioning correctly and to determine if a software update or further intervention is necessary. Your safety and health are our primary concerns.

Sincerely,

[Doctor's Name/Department Head]

[Clinic/Hospital Name]

[Contact Information]