

URGENT: MEDICAL DEVICE RECALL / OPTIMIZATION NOTICE

Date: [Insert Date]

To: [Patient Name]

Address: [Patient Address]

Device Serial Number: [Insert Serial Number]

Dear Patient,

We are contacting you regarding your sleep apnea equipment. The manufacturer of your device has issued a formal recall notice for optimization and safety updates.

Reason for Recall:

The manufacturer has identified potential issues related to [Insert Specific Reason, e.g., sound abatement foam degradation or software updates]. This optimization is necessary to ensure the continued safety and performance of your therapy.

Required Actions:

- **Step 1:** Register your device at [Insert Manufacturer Website] or call [Insert Phone Number].
- **Step 2:** Consult with your physician to determine if you should continue using the device while waiting for the repair or replacement kit.
- **Step 3:** Do not attempt to repair the device yourself or use unapproved cleaning agents.

Next Steps:

Once registered, you will receive instructions on how to receive a replacement device or a remediation kit to optimize your current unit at no cost to you.

We apologize for this inconvenience. Your health and safety are our primary concerns.

Sincerely,

[Sender Name/Organization]

[Contact Phone Number]

[Website]