

## **URGENT: MEDICAL DEVICE RECALL - CALIBRATION NOTICE**

Date: [Insert Date]

To: [Patient Name]

Address: [Patient Address]

Device Model: [Insert Device Name/Model]

Serial Number: [Insert Serial Number]

Dear Patient,

We are writing to inform you of a voluntary recall initiated by [Manufacturer Name] regarding your sleep medicine device. This recall has been issued because certain units require a critical calibration update to ensure the device continues to deliver accurate pressure settings and monitoring data.

### **Reason for Recall:**

Internal testing has identified a potential for calibration drift. This may result in the device providing therapy levels that are higher or lower than your prescribed settings, which could affect the effectiveness of your treatment.

### **Required Action:**

- **Step 1:** Check your device serial number against the one listed above.
- **Step 2:** Contact our service center at [Phone Number] or visit [Website URL] to schedule a calibration service.
- **Step 3:** Do not attempt to manually adjust the internal settings of the device yourself.

There is no cost to you for this calibration service. If you have noticed any changes in your sleep quality or have concerns regarding your therapy, please contact your prescribing physician immediately.

We apologize for this inconvenience and are committed to ensuring your equipment meets the highest safety and performance standards.

Sincerely,

[Sender Name]

[Title]

[Organization Name]

[Contact Information]