Company B Letter Head

**URGENT MEDICINE RECALL** – CLASS? – TYPE?

Dear Customer,

We hereby inform you that we are recalling the following batches of Product A

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Product A** | **Batch / Lot number(s)** | **Expiry Date** | **Manufacturing date** | **Pack Size** | **First release date for sale** | **Quantity initially released** | **Recall Classification (As confirmed by SAHPRA)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **Class ? Type ?** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

This recall is initiated because………………(give reasons)

We request that you refrain from selling any of the affected batch(s) of Product A and return them to your supplying warehouse or distributor with immediate effect. Company B will collect all your stock which will be replaced ……….

For further product information, please call Company B on….phone contact number

We thank you in advance for your co-operation and apologise for any inconvenience caused.

Yours faithfully,

…………………………….